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Original Articles.

DEDICATION EXERCISES OF THE OSCAR C. TUGO CIRCLE IN MEMORY OF THE FIRST ENLISTED MAN IN THE AMERICAN EXPEDITIONARY FORCE TO BE KILLED IN THE GREAT WAR.

PASTEUR AND LONGWOOD AVENUES
BOSTON, MASSACHUSETTS
OCTOBER 18, 1921

PREFATORY NOTE.

THE declaration of war against Germany on April 6th of 1917 was universally approved, but the fact seemed to make very little difference to the country. Enlistments lagged, and even in Massachusetts, where the sentiment in favor of war had been strongest, there was great delay even in bringing the militia up to its full numerical quota. That the United States should send any troops abroad seemed a most remote contingency, for the war was far away in another hemisphere, and our chief troubles seemed to lie along the Mexican border. Indeed, the officers of the Regular Army did not appear in public in other than civilian garb until late in April and, except for an occasional parade, no uniforms had been seen on the streets, at least in Boston, until three French officers thrilled the community by their arrival here in *horizon bleu*, to give military instruction to the Harvard undergraduates.

The British Mission under Balfour, meanwhile, had reached Washington on April 20th,

OSCAR C. TUGO.

and had made known that in view of the torpedoing of hospital ships, the British would in all probability have to greatly enlarge their hospital accommodations in France, and though they also desired engineers to aid them in the construction of military railroads, their most pressing need was for medical help.

Fortunately, as a feature of our tardy program of preparedness, the skeletal organization of certain Base Hospital units had been provided for. With the idea that they would be taken over by the army in case of war, they were organized under the auspices of the American Red Cross Society, and by popular subscription, funds were raised for their equipment. A few of these units were in a fair way toward securing the enrolment of nurses and officers, but it had been found almost impossible to enlist the full number of civilian employees necessary to complete the personnel of each Unit before its official acceptance.

With the object of arousing interest in these organizations, a trial two-day mobilization of the Unit representing the Lakeside Hospital in Cleveland had been held on Fairmount Park, in Philadelphia, in October of 1916. This demonstration had been sufficiently successful to justify the Harvard Medical School Unit, Base Hospital No. 5, to make plans to mobilize on Boston Common early in May for a two-weeks period, during which it was proposed that the city accident cases be cared for and the encampment be conducted in all respects like a military hospital. It was hoped that this move would stimulate enlistments and serve as a much-needed practice manœuvre.

These two Base Hospitals, therefore, — the Lakeside Unit and the Harvard Unit, — though far from being equipped or prepared for actual service, appeared to the Surgeon-General to be the two most nearly ready, and they consequently came to be the first Units selected to be sent overseas. The Directors of these two organizations received notice to this effect the afternoon of Saturday, April 28th.

The Boston morning papers of Tuesday, May 1, 1917, contained the following telegram, sent through the Surgeon-General in Washington, the evening before:

> "Orders have been received from the office of the Adjutant General of the United States Army to have Base Hospital No. 5 ready for immediate service abroad. The mobilization on the Common will have to be abandoned. It is necessary to complete full equipment of enlisted personnel in the next few days. Wanted—cooks, waiters, clerks, orderlies, carpenters, electricians and other artisans for enlistment in the Medical Corps. Men who have seen service with the Army, Navy, or Marine Corps, preferred. Age limit 40 years. Apply at the Harvard Medical School, Tuesday, between 4 and 9 in the evening."

This call was responded to by hundreds of young men, many of whom had come from considerable distances, and if the number required to complete the roster had not beeen enlisted on the first day, thousands would have applied, under the lure of early overseas service.

Among the earliest applicants to be enrolled after passing his physical tests, was a 24-year-old lad named Oscar C. Tugo, whose home was in Forest Hills. Little could this cheerful, fine-appearing young fellow, who had left his parents that morning, to go as usual to his place of employment, have realized that it was in store for him to be in uniform aboard a transport, ten days later, and to be in France before the end of the month, where he was destined to be the first enlisted man in our Expeditionary Force to be killed by the enemy.

A family originally of French-Canadian extraction, the Tugos, for three generations had lived in St. Albans, Vermont, from which place Oscar's father, soon after his marriage, moved to Boston, where their family of three children, two sons and a daughter, were born— Oscar, the eldest, on November 3rd, 1893. Six years later, Mr. Tugo was offered a position in Chicago, and it was there that his children received their schooling. For the following nine years, Oscar attended the Nettlehorse Grammar School, where he left a record as a typical high-spirited American youth, a leader among his companions, a good student and a clean, home-loving boy. From the age of eight to fourteen, he had sung in the choir of St. Peter's Episcopal Church and had received each year the medal offered by the church for the choir boy exemplifying the highest qualities of manliness and reverence.

After leaving the grammar school, he passed a year in the Chicago Business College, and subsequently, from 1911 to 1916, he was in the employ, first, of the Chicago, Milwaukee and St. Paul Railroad, later in the offices of the Pullman Company, and then for a year as chief clerk in the freight department of the Grand Trunk Railroad at Paris Sound, Ontario. He had gone there from Chicago because of ill health, for with his daily office work and his continued interest in music, to which he devoted his evenings, he had become somewhat run down.

At the expiration of this period, his parents having returned to Boston, he rejoined them and secured the position as chief rate-clerk in the Clyde Steamship Company, and it was to their offices that on the morning of May 1st he had set off, as usual, to his work. During the course of the day, his attention having been called to the notice in the morning papers, without hesitation and without consulting anyone, he reported to the Medical School and signed up with the Unit that afternoon. To his distracted, but understanding, parents he first broke the news of his enlistment on returning home that evening.

Six days later, on May 7th, Base Hospital No. 5 left Boston for Fort Totten, where the enlisted men were equipped, and on May 11th, during the height of the submarine activity, the Unit sailed secretly from New York on the SS. Saxonia, landing at Falmouth on May 22nd. Before the end of the month, orders were received for the organization to proceed to France, where it was put in immediate charge of one of the large British Base Hospitals known as "No. 11 General," then in full operation at Camiers, a few miles south of Boulogne.

Base Hospital No. 5 was sadly undermanned and quite unprepared for the work thus suddenly thrown upon it, having been organized on the basis of a 500-bed unit, whereas the British Base Hospitals represented 1040-bed units capable of expansion, in emergency, to double this size. The hospital, moreover, which was taken over was almost completely under canvas, in a state of great disrepair, on a poorly drained and most unsanitary site. With this situation the limited personnel of the Unit contended as best it could, and during the next few months stood the pressure of the heavy work thrown upon all the British Bases during the Messines and Passchendaele operations.

These things are mentioned as they serve as a background for the activities of the attractive and likable young fellow with whom this brief sketch is concerned. Almost from the first he had been put on night duty as orderly in one of the large marquees, which were cold, dark, and dreary to a degree. By day he slept in a Bell tent with a rosette of others, their feet to the center pole. It was not what might be regarded as a particularly joyous life, but his frequent letters to his family show not only his devotion to them, but his high spirits and cheerfulness, in spite of the discouraging circumstances into which he and his comrades had been thrown. Shortly after reaching Camiers, he wrote:

"Things are in good shape here now and everything is running smooth. I'm working nights, I suppose till they get more men from Boston. We haven't half enough, as we have taken over the largest of the several hospitals in the vicinity. I like the work very much. I have met a lot of nice fellows in the wards, too. There are a lot of different branches to the place, just like a miniature city, everybody has got his little bit to do. I'm feeling fine. I don't know whether I've gained in weight, but it has made me feel good. I'm just as brown from the sun, I don't know as I'll ever come white. I had a letter from Marie last night, in fact, almost every night. She sure is good to me. I just found out that if you are thinking of sending anything to me, don't forget to mark the package, *via* England, also, A. E. F., France, instead of B. E. F. I'm hoping that you all keep well till I return and then we'll make one grand celebration. I'm going to save every cent I get. In fact, there is no place to spend it. Everybody seems satisfied as the officers are nice and there is no friction anywhere."

Always seeing the bright side of things, hopeful of improving his station by faithful work, reliable, uncomplaining, proud that he had enlisted instead of waiting for the draft, he was a universal favorite from the first. His letters to his "Dear Folks" show the enthusiasm and buoyancy which were so characteristic of our soldier boys in France, who were always "feeling fine and hoping you are the same," who were never "kicking for it does no good, anyway," who plead for packages of fudge and for home papers giving them the "latest baseball dope."

One of his letters sent to his mother shortly before he was killed was scribbled in pencil, doubtless by the light of a candle, during some stolen moment. Its reference to his dog Bud, who would have enjoyed the rats, and to his sweetheart, who wrote so often he never got lonesome, will probably bring home as well as any other to the reader of this note, what sort of a youth he was:

France, August 24, '17.

My dear Mother:

Received your most welcome letter the other day, but as I had one from Clarence and Dad, I thought I'd wait a few days in answering. Was glad to hear that you are all well but sorry that you are suffering from the heat so. It's a wonder some of that warm weather doesn't come here. It's blowing a gale here today and quite cold. It rained like the devil yesterday. But still they call it sunny France. I guess that's an expression only.

I was glad that you got the hdkf.; of course it wasn't worth anything much, but I won't forget you all when I'm on my way home. Silks are to be had for a song here but there is no knowing where we might be sent so I won't invest yet. . . . .

We have been kept very busy this last two or three weeks. You can understand that from the papers. They're pushing Fritz off his feet. They figure with a lot of favorable weather they will finish this year. I know I won't be sorry. I certainly am glad that I'm not a conscript, and I'm sure you are. We get pretty good treatment here so we have no kick.

I told you that you should have gone to an eye specialist about your eyes. It certainly pays in the long run.

No doubt you have my letters telling you that I have received the first two packages O.K., although one was pretty well banged

up.. The fudge was great. Marie has also sent some papers and other stuff. She certainly is a peach. I've had a bushel of letters from her. There's a standing joke around the camp—instead of the fellows going to the P.O. they come to me and ask if I have had any mail. They claim that if I don't get any there is none for anybody. I hope it continues because you never get lonesome if you get lots of mail. . . . .

There are a dandy bunch of fellows in this hospital now, mostly wounded Canadian lads. I have had some great talks with some of them about Toronto, Ottawa and all the different places. I haven't heard from K——— but I expect to any day now. He may get a chance to get down here if he gets my letter. It certainly would be great to see him. So R——— is going to enlist. I guess Paris Sound looks pretty empty now. . . . .

O. C. Tugo, No. 11 Gen'l U. S. A. Base Hosp. 5, A.P.O. S. 18, A.E.F., France.

How's Grandma, is she feeling good? Bud certainly would have some sport here if he could see some of the rats, about as big as cats and any amount of them.

I'm still on nights, but it may not be long before I get a day job. I don't mind it though. I sleep fine during the day. I'm feeling good, too, and I'm beginning to fill out a little. You'll probably notice it from the pictures. Have you rec'd them yet?

I suppose you have been down to the beach a lot this year. Gladys and Marie seem to be having a good time together. They are good company for each other. How the time flies. Just think, it's nearly four months since we left Boston. I suppose all you see around there is uniforms. The more they get, the better, because it will only help end this slaughter.

Well, Mother, I'll have to get busy again, so will close, hoping this finds you all in the best of health, with love to all.

O. C. TUGO.

You probably understand about the full signature. All write often. I'll write you when I receive the other pckge.

His official address, according to regulation, appears in the middle of the letter, and it always hurt him a little to have to sign his full name at the end when writing to "The Folks."

A few days later, on the night of September 4th, in the midst of the most active period of the fighting for the Passchendaele ridges, Base Hospital No. 5 was visited by a Gotha, whose bombs made five direct hits on the hospital compound. The first of them landed in the enclosure containing the officers' tents, killing Lieutenant Fitzsimons and wounding several others. The next two bombs struck the marquee in which Tugo was on duty as night orderly, killing him instantly and re-wounding twenty-two of the British Tommies — "the dandy bunch of fellows" to whom, as patients, he was so much attached.

On September 8th, in the huge military cemetery on the sand dunes between Camiers and Etaples, four more crosses — those for Lieutenant Fitzsimons, and Privates First-Class Tugo, Rubino and Woods — were added to the forest of those already there, which marked the last resting-place of countless British soldiers. They, too, — privates and officers, — had left their homes to participate in the Great Adventure, some eagerly, some reluctantly, all willingly. They, too, had left mothers, sisters and sweethearts behind them at the call of duty. But fortunate the American mother who can wear in her heart the knowledge that her boy volunteered as a private among the first, that he was the first to be killed, and was the first to be able to say with the Tommies he had cheerfully given his all to aid:

"We are the dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved and were loved; and now we lie
In Flanders Fields."

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A few months ago one of Tugo's comrades, Carl E. Clifford, requested the City Council of Boston to name some public place in his honor. It was decided by that body that his "marker" should most appropriately be erected on the Avenue Louis Pasteur, facing the Harvard Medical School. On October 18th, dedicatory exercises, attended by the members of the Unit and their friends and relatives, were held at this spot. They were presided over by Rev. Malcolm Peabody, the original chaplain of the Unit. The Government was represented by Hon. J. M. Wainwright, the Assistant Secretary of War; the State by Mr. James Jackson, representing the Governor; the City, by Mayor Peters; the Army, by the Surgeon-General and by Major General Edwards, of the Department of the Northeast. Bishop Lawrence, who had conducted the memorable service in the Cathedral the Sunday before the hurried departure of the Unit, when the enlisted men were still in their civilian clothes, opened the ceremonies with the following prayers:

BISHOP LAWRENCE'S PRAYERS.

Let us join in the prayer of dedication.

O Father Almighty, the God of Battle and of Peace, in whose name men have gone forth through the centuries to suffer and die for their country, we thank Thee for them and especially for the life of Oscar C. Tugo, in whose memory we now dedicate this circle. May the sons of Massachusetts and the citizens of Boston, as they pass through it, recall with gratitude

his sacrifice, and consecrate themselves anew to the welfare of the Nation, the upbuilding of the State, and the love of their fellow-men; through Jesus Christ our Lord. Amen.

Let us pray for those whose loved ones fell in the war.

Have compassion, O most merciful God, on Thy servants, bereaved and afflicted, and on all who are mourning for those dear to them. Be Thou their Comforter and Friend, and bring them to a fuller knowledge of Thy love. Assuage the anguish of their bereavement, and leave only the cherished memory of the loved and lost, and a solemn pride to have laid so costly a sacrifice upon the altar of freedom. For the sake of Jesus Christ, our Saviour. Amen.

Let us pray for those who minister to the sick and wounded.

O Merciful God, whose blessed Son went about doing good; uphold with Thy strength and grace those who do service to the wounded and the sick. Grant to the physicians and surgeons wisdom and skill, to the nurses sympathy and patience; and we beseech Thee to protect and bless them in all dangers, anxieties, and labors. Through Jesus Christ our Lord. Amen.

Let us pray for the President and all in authority.

O Lord God Almighty, bless and defend, we pray Thee, the President of the United States, and all others in authority, and grant to them at this time special gifts of wisdom and understanding, of counsel and of strength; that upholding what is right, and following what is true, they may obey Thy holy will, and fulfill Thy divine purpose; through Jesus Christ our Lord. Amen.

Let us offer a prayer of remembrance.

We remember, O Heavenly Father, all Thy sons who answered the call of the Nation, duty and liberty, and who entered the service for Thy cause. For the safe return of those who, having done their part, have sheathed the sword and taken up their work in days of peace, we thank Thee. In grateful remembrance of those who laid down their lives that the Nations might live, we hereby dedicate ourselves to the unfinished task which they have committed to us, that their sacrifice may not have been in vain. To the glory of Thy name, through the same Thy Son our Lord. Amen.

The Grace of our Lord Jesus Christ, the Love of God, and the companionship of the Holy Spirit be with us now and evermore. Amen.

Before introducing General Ireland, the chief speaker of the occasion, Mr. Peabody read the following letter, addressed to Mr. Clifford, from the President:

PRESIDENT HARDING'S LETTER.

Your letter in behalf of the veteran organization of the U. S. Army Base Hospital No. 5, inviting my attention to the formal dedication of a public square in the City of Boston to the memory of the late Oscar C. Tugo, has been read with deep feeling.

It is indeed fitting that special recognition be given the first men of the Army of the United States who were killed on the soil of France by our enemies in the World War.

A citizen of Boston, Private First Class Oscar C. Tugo was one of those killed on September 4, 1917, by bombs dropped by enemy aeroplanes upon United States Army Base Hospital No. 5 (Harvard University Unit), at Dannes-Camiers, France. Three others of this organization gave up their lives at the same time: Lieutenant William T. Fitzsimons, of Kansas City, Missouri; Private First Class Rudolph Rubino, of New York City; and Private First Class Leslie G. Woods, of Streator, Illinois.

We do well to honor heroes, living and dead, who were defenders of liberty and justice. As their lives are woven into the deeper splendor of the flag we love, they are enshrined in the hearts of a grateful generation. When we pay tribute to them by establishing memorials, we honor ourselves.

Base Hospital No. 5 arrived in France well in advance of the Commanding General of our Expeditionary Forces. It is gratifying to reflect upon the fact that the first units of the Army of the United States dispatched for service overseas were those whose principal mission in war is one of mercy.

I regret that it will not be possible for me to attend the exercises in the honor and memory of Private Tugo. May I assure you and his other veteran associates in Base Hospital No. 5, of my deep appreciation of the self-sacrificing service he rendered, and express to his bereaved mother the hope that the plaudits of a grateful nation and the honor paid to his memory by the City of Boston, may tend to temper her sorrow.

Very sincerely,

(Signed) WARREN G. HARDING.

ADDRESS BY SURGEON-GENERAL MERRITTE W. IRELAND.

On the sixth day of April, 1917, Congress solemnly declared "that a state of war between the United States and the Imperial German

Government, which had been thrust upon the United States, is hereby formally declared."

This ushered the United States as a bellligerent into the great conflict which had been raging in Europe since August, 1914.

Immediately preparations on a large scale were begun in defense of the rights of our Nation. How well our national spirit, swerved from its peaceful pursuits, responded and became equal to the emergency is now a matter of history.

It is interesting and extremely gratifying to reflect upon the fact that our first military effort as a belligerent was to dispatch overseas six of our base hospital units for duty with our sorely tried ally, Great Britain.

Within one month after our entry into the war, these units had embarked on their mission of mercy. Base Hospital No. 5, organized as the Harvard University Unit, was one of them.

The Medical Department of the Army was indeed very fortunate in having these base hospitals ready for the very emergency that arose at this time. Some of the prominent members of the medical profession of America who went to France during the first two years of war for service in the hospitals of Paris, realized the necessity of having our country organize hospitals before the advent of war. Through their teachings and public speeches, we were able, with the help of the American Red Cross, to complete the organization of many of our base hospitals before we entered the war in 1917.

It was because of this far-sighted preparedness that today the very name "base hospital" occupies an enviable place in our historical archives, as they became the first units of the Army of the United States to set forth for the theatre of operations in Europe. Eventually they proved to be the vanguard of that mighty host of American manhood that was destined to follow in the trail they had blazed and throw the balance of power on the western front to the side of the Allies. In their rôle as pioneers they were a splendid demonstration of forethought and breadth of view to which the medical profession of America may well point with pride.

In reviewing the history of their achievements we should constantly bear these units in mind as an object lesson in preparedness well worthy of serious consideration and emulation even today. No time is better than the present in which to plan for any possible emergencies that the future may unfold. We must proceed with the organization of more of these splendid units, so vital to the success of our armies in the field.

The personnel for them must be obtained largely from the Reserve Corps — from those members of the medical and allied professions now engaged in civil practice. The War Department is now putting forth its best efforts to recruit the Reserve Corps up to its maximum possibilities. A very important agency for the attainment of this aim exists in the Reserve Officers' Training Corps Units of the Medical Department now being organized in the leading professional schools of the country.

I hope that all of those young men in this audience who are students of medicine, and who in the future must form part of that legion of doctors to be called to the colors in event of a national emergency, will not only take these impressive ceremonies and what will be said here today very much to heart, but will also manifest an active personal interest in the R.O.T.C. Units now being formed.

The American medical profession has established a reputation for national service that you in your turn should attempt, in a wholehearted fashion, to sustain. This you can do by fitting yourself in time of peace for the duties that most assuredly will devolve upon you in time of war—a national obligation entailed by citizenship and which no red-blooded American can evade. As an inspiration and a brilliant example of timely preparation, you need go no further than Base Hospital No. 5.

When the complete history of the great conflict is finally written, our hospital units will come in for their well-merited share of praise. Their contribution to the combined cause was never found wanting. Never has the world seen a finer body of men and women than were assembled in those units.

They went forth imbued with the highest ideals of duty, and returned with the indorsement of work faithfully and well done. That they could adjust themselves so quickly to the new work at hand, maintain an endless optimism in the face of distressing conditions, and render such splendid services with the limited means at their disposal, constitutes one of the brightest pages in the chronicles of the war. It is quite likely that the world at large will never fully realize the debt of gratitude which we owe to the efficient and self-sacrificing personnel of these base hospital units.

It must be remembered that the Medical Department of the Army is not alone a humanitarian agency to ease the suffering and allay the horrors of war. In war its humanitarian function, great as is its importance, becomes subversive to its primary object of defeating the enemy. While attempting to shield the well and restore the disabled, it assumes an offensive rôle by reason of its very efforts to keep the fighting man fit and in the battle.

In carrying on its great work it shares in all the hardships of the combatant soldier, suffers casualties with him, and has earned the right to align itself on a parity with its other comrades of the battle line.

Base Hospital No. 5 was made up of citizens recruited from Boston and vicinity. It sailed from New York on May 11, 1917, and upon arrival in France, by way of England, took over and began to operate, on May 31, 1917, No. 11

General Hospital of the British Expeditionary Forces, at Dannes-Camiers, France.

It was while performing most valuable service on the British Front that on the night of September 4, 1917, the hospital had visited upon it the wrath of the enemy. Hostile aircraft bombed the institution. Thus it happened that on this historical but lamentable occasion the military forces of the United States in the World War sustained their first casualties.

War is no respecter of persons and it is singular, indeed, that it should have been reserved for one unit of the Army, and that a so-called noncombatant unit, to suffer the loss of the first officer and first enlisted man in the war, and that those two men were both what we might properly term "citizen soldiers." Alongside them died, shortly afterwards, two enlisted men of the Regular Army, also members of Base Hospital No. 5, from the effects of the enemy's bombs.

One officer and three enlisted men of the Army of the United States, belonging to Base Hospital No. 5, were killed, and a number of others, including officers, women nurses, and patients of the British Army, wounded. The officer killed was First Lieutenant William T. Fitzsimons, Medical Officers' Reserve Corps of the Army of the United States. His memory has already been honored by the Government. One of our newest, largest and best military hospitals has been given his name. In General Orders of the War Department, dated June 26, 1920, appears the following paragraph:

> "General Hospital No. 21, at Denver, Colo., is announced and will be known as the 'Fitzsimons General Hospital, Denver, Colo.,' in honor of First Lieutenant William Thomas Fitzsimons, Medical Officers' Reserve Corps, United States Army (born 1889; died 1917), a skilled surgeon, and the first officer of the United States Army killed in the World War. He met his death at Dannes-Camiers, France, September 4, 1917, in an air raid by the enemy, while serving with Base Hospital No. 5, United States Army. The name also fittingly commemorates the eminent services rendered by the civil medical profession of America as members of the Medical Corps of the Army during the World War."

It is the intention of the Army to pay a similar tribute to the first enlisted man of our Forces killed in the World War, by naming after him a building at the Medical Field Service School, Carlisle Barracks, Pa.

This enlisted man was Private First Class Oscar C. Tugo of the Medical Enlisted Reserve Corps, a member of Base Hospital No. 5. His death occurred within a few minutes of Lieutenant Fitzsimons'. The building at Carlisle Barracks will be known as "Tugo Hall."

Today we are assembled here to coöperate with the city officials in according some measure of recognition for his service and sacrifice, and the lustre he has cast upon our national escutcheon.

We do honor to the memory of Private Tugo as a citizen of Boston who gave up his life on the field of far-off Flanders that the just cause of a free people, of liberty, and of humanity, might survive the onslaught of an all-devouring enemy.

In inscribing this public place with his name we commemorate an event of country-wide significance. In offering up his life, Tugo's self-sacrificing and patriotic example was but the forerunner of the loss of many thousands of the most useful lives of our young manhood, for whom the Nation now mourns.

In rallying to the defense of the Nation, a grateful people should never forget that Private Tugo pointed out the way and did not die in vain. "Tugo Circle" stands for the same principles of lofty patriotism that the citizens of Boston have already perpetuated in that outstanding monument on Bunker Hill. Let us always look upon Tugo Circle as a shrine to which we may come for solace and patriotic inspiration; also as mute evidence of a national spirit that embodies loyalty to our institutions, unity of purpose, and a willingness to sacrifice far beyond the call of duty, whenever the safety of our liberty-loving and peaceful people is threatened.

So it is in all solemnity that today we pay this fitting tribute to Private Tugo, the first enlisted man of the armed forces of our free republic to meet death at the hands of the enemy during the World War.

While engaged in a merciful and noble calling, doing his part in caring for the sick and wounded, he fell at his post of duty.

REMARKS BY THE TREASURER OF THE COMMONWEALTH, HON. JAMES JACKSON.

I am here today owing to the fact that Governor Cox was unable to be present on account of the pressure of business. He regrets that he is unable to be present, as he feels that it is fitting that the people of the Commonwealth of Massachusetts should be represented on an occasion of this character, as they are deeply grateful and proud of the distinguished service rendered by the men and women of this State during the World War.

Oscar C. Tugo was the first man in the Expeditionary Forces to make the supreme sacrifice that others might have liberty and justice. May this Circle, today dedicated to his memory, serve as a constant reminder to the people of this State that sacrifice for the benefit of your fellow-man is necessary even in times of peace. And may future generations, in passing through this Circle, be reminded of the sacrifice that Oscar C. Tugo made in their behalf,

that the knowledge of this sacrifice may be a constant inspiration to a better citizenship.

MAYOR PETERS' ADDRESS.

It is with a deep sense of the solemnity of this occasion that I am here to join you in paying tribute to the memory of Oscar C. Tugo. To you, Madam, who have given this son to your country, we extend our sincere sympathy. Your sacrifice is the greatest that can be made, and you have the heartfelt appreciation of all your fellow-citizens.

It was in Boston that was shed the first blood in the Revolutionary War, and in Boston we now dedicate this spot in honor of the first enlisted man to sacrifice his life for his country in the great World War. The soldier of a Democracy is the proudest soldier in the world; no death can equal in sacrifice the death of such a soldier, fighting for the freedom of his country.

To Dr. Cushing and his associates, men and women members of the Harvard Medical Unit, we have the deepest gratitude. Their excellent service stimulated us all, and theirs will be a proud record in the history of the patriotic achievements of our country. This Circle will be an ever-present reminder of the spirit, not only of the man whose name it bears and whose sacrifice it commemorates, but of the high idealism of the men and women of the Harvard Medical Unit who hastened so unselfishly to do their patriotic duty at the first call of the war.

REMARKS BY GENERAL EDWARDS.

I am honored by being asked to take part in the celebration of this Unit, in which I had an especial interest, for it was the second Unit organized in the United States to go abroad, and the first in what was then the new Department of the Northeast — the department of which I had just taken command.

The fact that an enlisted man in a Medical Unit was the first to die means this: that in a great war there are no noncombatants. And it emphasizes a great mistake made in this war in which they drafted men's lives, and did not draft capital, labor and industry.

The Medical Corps was always in the line; it always went with the advanced troops. But it did not always get recognition. I had great difficulty in getting the sanitary train of the division which I commanded decorated or cited by the authorities. When I pressed the matter, the answer came back that they didn't bear colors. Certainly the sanitary train is a vital part of the division, of any division, as much as the machine guns or rifles.

I remember an incident which occurred while the division was in the training area around Neufchateau. The doctors wanted to investigate trench fever, that scourge of the front line, and they called for volunteers to submit their bodies to the bite of the cooties, to take the fever for the purpose of experimentation. Twenty-six men were wanted: in less than fifteen minutes we had one hundred volunteers. They went through that terrible experience, and today six of them are in this community, some of them unfit to earn their living because of their voluntary sacrifice. They were as great heroes as their comrades who went over the top, and Colonel Strong, who used them, himself originally a member of this Unit, performed services as valuable as those of any other officers, by solving the problem of trench fever and thus saving hundreds of lives.

When I see these nurses before me, I remember our nurses who worked 72 hours without rest, in the Chateau Thierry sector. They sent a deputation to me. You know the great danger to a wounded man is surgical shock. To lessen that, these women wanted to go out into the shell holes, and there give the men who were wounded hypodermic injections of morphine. It was horrible to me to think of exposing women to shell fire, but they were so persistent that they made me waver.

Yesterday I inspected the 104th Infantry at Camp Devens—the regiment whose bandsmen, acting as stretcher-bearers, earned glory by going through the fight at Apremont with the men of the Medical Corps. Again I realized what the work, especially of the enlisted men of this corps, has meant to us in the war.

A few days ago I made the memorial address at the Hoboken Pier. When I looked into the faces of over 5000 parents and next of kin, in front of a sea of flag-draped caskets, I thought of our smug complacency of unpreparedness, of the unnecessary dead, and sacrifice, and of Emerson's lines:

"'Tis man's perdition to be safe
When for the truth he ought to die."

That's what this man, Oscar Tugo, means to me.

* * * *

At the conclusion of General Edwards' address the gathering united in singing the Battle Hymn of the Republic. Wreaths were placed beside the marker by members of the Unit representing the nurses, the officers, and the enlisted men, and a palm leaf was hung upon it by the boy's mother. Taps were sounded and after the National Anthem, the audience dispersed.

REVIEW OF CLASSIFICATION OF DOUBLE MONSTERS, WITH REPORT OF A CASE.

BY WINIFRED GRANT, M.D., WORCESTER, MASS.

DOUBLE monsters have been classified by Professor Wilder of Smith College. He divides them into two classes as follows:

I. Double monsters in which the components

or component parts are equal to and symmetrically equivalent of one another. Diplopagi.

II. Double monsters in which the two components are equal to each other, but each one less than an entire individual.

Under the first class are:

1. Thoracopagi. Connection at or near sternal region.
2. Craniopagi. Connection by heads in various regions, usually median.
3. Pygopagi. Connection at sacrum. Components back to back.
4. Ischopagi. Connection at ischia so that axes of the two bodies extend in a straight line but in opposite directions.
5. Ectopagi. Connection along the side of the body so that the components are definitely right and left, inner arms represented by a bilateral median limb.

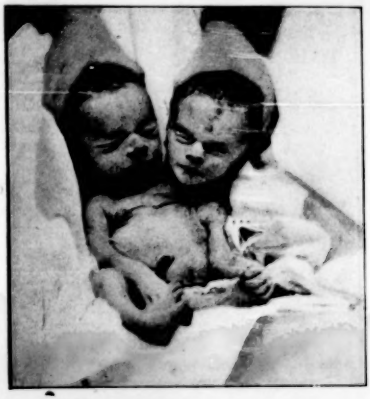
Under the second class are:

Double monsters in which the two components are equal to each other, but each one less than an entire individual.

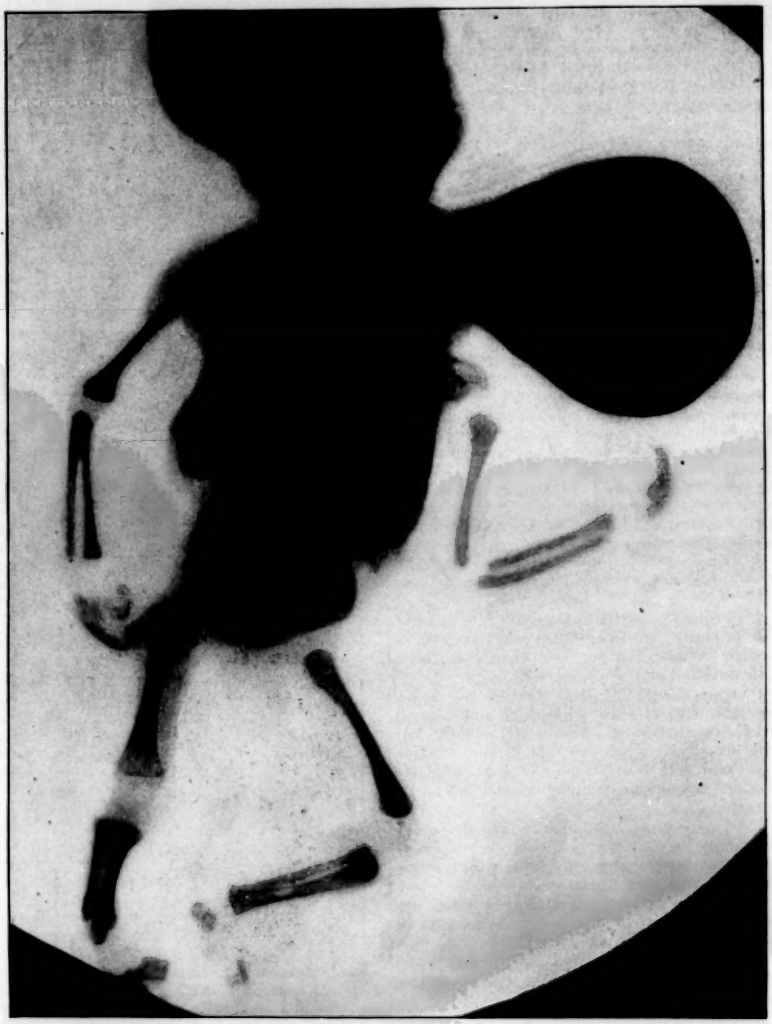
1. Components separate above and united in the pelvic region, but with a single perfect leg each, the outer in each case; while the two inner legs are represented by a double median appendage which is bilateral and may be well developed or rudimentary.
2. Like (1) but united from the shoulder downwards and with median anterior limb or limb rudiment and no median leg.
3. Forms which like (1) and (2) consist of two laterally united components but with a median double limb or limb rudiment from both anterior and posterior limb regions.
4. Components united at pelvis, above which they are distinct each with head and pair of arms; the pelvis is often partly double but with usually a single set of external median parts and with a single pair of legs, each one of which belongs to the upper component on its own side.
5. Two separate and equal heads and necks on a single trunk which is normal or with some duplication at the shoulders and with a single pair of arms.

As the case I am going to report comes under this heading, I am going to describe those that have been reported.

A double-headed girl lived a short time. Another reported about the same time had two heads; the rest apparently single. Autopsy revealed two stomachs. Another case comes under this heading. When dissected, displayed two complete back bones, including coccyx between which in the sacral region, there is a small spade shaped piece representing the rudiments of the two ossa innominata. The inner ribs are complete in number but strongly united and there is a small rudiment of the inner shoulder girdle.



6. Two components, heads incomplete and united to each other.
7. Two nearly complete components, joined front to front over more or less of the trunk region but with a single neck and with the heads more or less completely fused into a single compound mass. The half faces of the two components meet in the plane of union and form single faces of a varying degree of com-



pleteness placed laterally with respect to the opponents.

8. One head and one trunk, but with pelvic organs and two pairs of legs.

Autosite and parasite come under the classification of unequal and asymmetrical monsters. A number of these have been reported, especially where the parasite is developed within the autosite, varying from an almost perfect fetus to a shapeless mass containing bits of organized tissue. Teratoma or dermoid cyst.

CASE HISTORY.

Mother, Italian; primipara, aged 28. F. H.

—Unimportant except for the fact that mother's sister had four children, each of whom as he reached puberty developed multiple sclerosis. No history of intermarriage. P. H.—Negative. History of Pregnancy.—Normal. History of Labor—First stage, 14 hours; second stage began at 8.45 A.M., at 9.40 head was on perineum. At 10.15, head and posterior prolapsed hand were delivered. O. R. A.—After considerable traction on the head I found I could not dislodge the anterior shoulder so I examined to find what was holding it back and discovered another head. Almost immediately the patient had a good contraction and delivered herself of this monster, which lived but a few seconds.

Pictures will show that this monster has a perfect body and two perfect heads, one being slightly smaller than the other. It was not weighed but I should judge its weight was about eight pounds.

X-ray shows double spine; double set of ribs with an extra clavicle between the two heads.

X-rays of heart and other viscera to see if there was any doubling, were not successful.

Read before the Memorial Hospital Staff Association May, 1921.

Since writing this article an identical case has been reported by Dr. W. M. Beach of Shelton, Washington, in the *American Medical Journal* of June 18, 1921.

POST-TYPHOID CHONDRITIS OF RIBS: TWO CASES: TYPHOID BACILLUS.

By Frederic J. Cotton, M.D., F.A.C.S., Boston.

Perhaps these cases are not exceptional at all except that they represent an odd "bunching" of complications in our local cases of typhoid,—a disease which is fortunately becoming rather rare hereabouts.

That typhoid fever has frequent surgical complications, whether due to the Eberth bacillus or to secondary infection, we have long known.

Lately, cases have been reported as exceptional by certain of the younger men who are so recent that they are to be blamed only because they didn't look up their "literature" carefully enough to discover that that perennial youngster, W. W. Keen, in 1898, again in 1904, and in his lately published "System," had covered all the surgical complications of typhoid in a fashion so complete that other cases, including those here presented, can be but a footnote to his exhaustive study.

J. J. McC., male, 42 years, came to the City Hospital November 29, 1919. The hospital report by the house surgeon follows:

1. Man, 42, came to City Hospital November 29, 1919, complaining of headache, nosebleeds and weakness.

Fig. 1.—Case 1. After healing. The scar has retracted concentrically, giving an imperfect idea of the dissection necessary at the second operation.

2. F. H. and P. H. negative.

3. Admitted to medical service and diagnosis of typhoid fever made. This diagnosis was confirmed by a positive blood culture and six positive Widals, taken one week apart. Ran rather a severe course and had a relapse. Was transfused twice because of rectal hemorrhages.

About the middle of January, 1920, patient noticed a swelling over fifth costal cartilage left of sternum. This was not tender, red or painful. The house officer aspirated tumor and obtained pus which was cultured and B. typhosus found.

In March patient was transferred to surgical service and at this time tumor was about the size of a small walnut, slightly fluctuant, and not movable or red. Temperature normal. X-ray negative. Wassermann negative.

Dr. Cotton excised tumor and dissected whole mass out. A small cavity 3 mm. in diameter was found deep in the cartilage, which was curetted out. The cavity was cauterized with carbolic acid, followed by alcohol. A piece of muscle was rolled into cavity to obliterate the dead space, and wound sutured. Wound not drained.

Pathological Report—Typhoid chondritis, abscess wall with chronic inflammation. B. Typhosus present.

Three days after operation, a drop of pus discharged from central portion of wound. Culture from this pus showed B. typhosus. Widal was negative. Urine normal, and at no time were typhoid B. found in the urine or stool.

After we had treated case with alcohol dressings, Dakin's, etc., and had gained nothing, we decided to try vaccine treatment. Sent patient to Dr. Sanborn.

Up to April 26, the wound culture still showed B. typhosus.

Dr. Sanborn gave him thirty million for first week and increased ten million every week for twenty-one weeks. Patient had no reaction and discharge remained about the same. At the same time wound was cleaned with alcohol and

dry, sterile dressings applied daily. After four months of this treatment patient began to get disgusted with the persistent sinus and came into the hospital again for operation.

Locally the wound showed persistent sinus over area of fifth costal cartilage. No inflammatory reaction around. Sinus discharged pus. Culture from pus showed B. typhosus. Operation by Dr. Cotton August 26, 1920, who excised sinus and removed all cartilage and perichondrium from sternum to end of rib. Cauterized with carbolic acid and alcohol. Wound left open and allowed to heal by second intention. On October 1, 1920, wound was completely healed and remained so ever since.

The case interested me because of the dogged persistence of the Eberth bacillus in the wound despite rather efficient disinfection. Also, we have in this case an absolutely clean-cut case of infection in a small area deeply *within* the rib cartilage, manifesting itself outside only after a perforation and the formation of a secondary abscess. Most of the post-typhoidal rib abscesses, as in our second case, seem to arise in the perichondrium, not, as here, *inside* the cartilage.

Figure 1 shows the result. The scar is heavy because the operation was rather more liberal than Dr. Nay's description suggests—a total excision of the cartilage and a free drainage of the mediastinum down to the pericardium.

CASE 2. Male; also aged 42, was admitted to my service March 31, 1921, with a "painful swelling in the left chest." Typhoid five months ago, complicated with pneumonia and "pleurisy." Following his discharge from hospital, he noticed slight swelling and pain over the left chest in front, with local tenderness to touch. Was re-admitted to the hospital, where a diagnosis of intercostal neuralgia seems to have been made by someone who did not know the "natural history" of typhoid fever. The pain returned soon and the swelling increased. Readmitted, he was seen by me in consultation and on the 31st of March, 1921 came over to my service. He then showed a hard, tender swelling, "about the size of a half-dollar," on the left side of the chest in front, over the fifth rib. No fluctuation, some bluish discoloration. Mass slightly movable and seems to rotate about—and belong to—the fourth rib cartilage.

Operation March 23, 1921. F. J. C. Abscess opened, cleaned out, curetted, disinfected with 95% carbolic and alcohol. Culture B. C. H. series No. "591," showed pure culture of B. typhosus. Tissue removed showed only "chronic inflammatory" changes. Culture of stools (B. C. H. check No. "652") showed positive culture of B. typhosus. Urine negative. Wound rather extensive but healed readily save for a small fistula.

April 12, 1921—Culture of stools and urine negative for B. typhosus. April 20, 1921—Culture from wound positive for B. typhosus. April 28, 1921—Culture from wound (Check No. 862) negative for typhoid. May 12, 1921—No discharge from the wound—small, pin-point granulation area. Culture (Check No. 21,660) shows no typhoid bacilli. He was discharged May 12. I have seen him lately and the wound is not closed. He is in excellent condition.

This failure to close is not because of continued typhoid infection, but as Axhausen so long ago pointed out (almost in vain), because even slightly infected cartilage has no routine repair, almost no possibility of repair.

Likely enough an operation for clearing out the wound and either the removing of the whole cartilage, as was done in Case 1, or the progressive removal of layer after layer with a carbolic disinfection for each layer and a pressure dressing at the end of all, may still be needed in this case.

For the rest, this is a case of infection, not *within* the rib-cartilage but in the perichondrium or thereabouts, a case typical for this class (a long recognized class in typhoid complications), as Case 1, interesting, is, after all, not typical.

It has long been recognized that these relatively common typhoidal rib-cartilage infections often subside. Always they are slow, often slow enough to be called chronic.

As Keen long ago pointed out, the skeletal complications of typhoid differ clinically from the infection with truly pyogenic organisms—from osteomyelitis of the familiar type—in their quietly developing lesions.

I had a case not many years since with localized abscesses in both tibiae which did not come to operation till seven years after the typhoid fever. From one side there grew nothing; on the other side we secured a pure B. typhosus culture.

I have seen a small number of rib complications after typhoid that quieted down without interference. Whether any of these, like the bone cases, come to operation later, of course I cannot say.

The two cases here reported were prompt, relatively severe, and both showed not only B. typhosus in the wound, but in one an unusually deep site of infection, in both a persistent infection in the wound, while in Case 2, B. typhosus was present in the stool as well for a time.

VULVOVAGINITIS.

BY A. K. PAINE, M.D., F.A.C.S., BOSTON.

VULVOVAGINITIS is a not unimportant affection of childhood; to this medical experience readily attests. A large part of this importance lies in the difficulty of achieving a permanent cure; to this much testimony is also available: from the exasperated physician who has "tried

everything"; from the social worker who has struggled with the general problem; from the mother who has seen her child kept from school indefinitely, and from institutions which have experienced epidemics in the children's wards.

Because organisms in staining reaction and appearance resembling the gonococcus are found in a considerable number of cases, the condition is frequently referred to as gonorrheal vulvovaginitis, even to the point that vulvovaginitis is synonymous with gonorrhea in the minds of some observers.

The following is based on a rather extended observation and study of ninety-one cases of vulvovaginitis treated in the special clinic for gonorrhea in women conducted by the Boston Dispensary. A didactic statement of personal conclusions reached would be somewhat as follows:

1. That probably less than ten per cent. of all the cases of vulvovaginitis in children are caused by the gonococcus of Neisser.

2. That of the remainder, about one-half (essentially "epidemic" in type, the numerous cases occurring simultaneously in institutions, schools, or family groups), is caused by mucous membrane infecting organisms such as are factors in the production of common colds, nasal infections, conjunctivitis and the like.

3. That the remaining cases are about equally divided etiologically between those caused by masturbation and those caused by a flagrant disregard of the habits of cleanliness.

4. That the duration of the infection (including the rare but definite gonorrheal type) is relatively short, provided always that a causative factor in the nature of some irritation is not continuously active or that that irritation is not supplanted by the greater irritation of an "active treatment."

5. That the term "vulvovaginitis" is not accurately descriptive inasmuch as the vagina is rarely, at least extensively, involved, unless vaginal treatment has been employed.

6. That the cardinal principle of treatment should be cleanliness secured without in itself producing mechanical or chemical irritation.

To consider these various statements more in detail: Inflammation of the introitus in a child, an inflammation characterized by varying degrees of redness, and amounts and varieties of discharge, cannot in itself make a diagnosis of true gonorrhea unless experience has shown that such conditions are rarely the result of any cause except the gonococcus. Observation of the bacterial flora in this group of vulvovaginitis cases has disclosed a wide variety of classified and unclassified organisms. What is or is not gonorrhea from a laboratory standpoint, is yet to present always a definite statement. The skill and judgment of the observer is a factor of considerable importance in certain cases, while variations in standing technique introduce an occasional element of uncertainty in others. This being true of the laboratory diagnosis of gonorrhea in the adult female, is especially true as regards that diagnosis in female children. The frequently present staphylococcus in certain groupings, and poorly stained, may be interpreted as of the "suspicious" group, while at least two other classified organisms may not, in appearance and staining reaction, be differentiated from the gonococcus at all, except as the source of the material or the number of the organisms present would in the judgment of the observer mitigate against a diagnosis of gonorrhea.

One of these organisms, the micrococcus catarrhalis, is not infrequently present in certain epidemic affections of the mucous membranes of the upper air passages.

The vaginal secretions in the child are often alkaline; realizing certain childish habits, it is not illogical to believe that infecting organisms from the nasal secretions can be transferred to the mucous membrane of the introitus, and an inflammatory reaction resulting, the "source of the material" would lead laboratory judgment to a diagnosis of gonorrhea, the organisms in "staining reactions and appearance resembling the gonococcus." Certainly this pictures a more reasonable etiological sequence than that which introduces the medium of an infected toilet, for instance; for it is hardly logical to attribute to gonorrhea in childhood characteristics in its transmission which are denied in the adult.

In nine of the cases in this series, we had reason to believe that we were dealing with a Neisser infection; besides the positive laboratory diagnosis (though only one case was positive culturally), we had a history of a probable source of infection in an attempted sex contact or a definite birth infection, and clinically a more intense inflammatory reaction with a characteristic gonorrheal pus in distinction to that discharge more commonly seen, a discharge apt to be greenish or greenish-yellow in color and usually thin in consistency. There were forty-one cases corresponding to this latter type in which the laboratory diagnosis was "positive" or "suspicious" gonorrhea, and forty-three clinically identical, in which the laboratory diagnosis was negative. It is possible that a child sleeping with an actively infected mother may come in intimate contact with discharge sufficiently soon to permit the transference of infection, but we are led to believe this is of relatively infrequent occurrence. On the other hand, children with a well marked inflammation of the introitus, from which organisms resembling the gonococcus are obtained, frequently come from family groups the adult members of which exhibit no evidences of gonorrhea. It has always been our practice, as far as possible, to have examined, and repeatedly, other members of a family when a child is discovered to have an inflammation of the

introitus. Aside from the nine cases mentioned, in but four other cases was gonorrhea found in an adult of the family group.

That lack of cleanliness might cause an inflammatory reaction is obvious. It has been our experience, too, in the cases in which such seemed to be the obvious etiological factor, to encounter the greatest difficulty in achieving a permanent cure, for the "neglected child" indicates a social situation obviously difficult to manage.

The part masturbation plays in the actual cause of the inflammation is rather uncertain; it may be that the irritation and itching resulting from an inflammation developing as the result of a previously mentioned cause, may be the factor in the beginning of masturbation. On the other hand, it is apparent that long continued cases of inflammatory reaction are often associated with masturbation, and there is reason to believe that frequent "treatments," and interest in the local condition on the part of attendants, engenders a corresponding interest on the part of the child which may easily result in establishing the habit of masturbation, and happening so frequently as to necessitate care when a method of treatment is considered.

The treatment we have used centers about cleanliness, ordinary soap-and-water cleanliness, but with the greatest reliance placed in the use of the hot sitz bath, frequently repeated, securing, besides cleanliness, a certain relief from symptoms. Boracic acid used as a dusting powder completes the treatment, no applications are made in the clinic, the child reporting weekly only for smears and observation. That our study might be as complete as possible, we have had such cases under observation for a long period after symptoms have disappeared. It is of interest to note that only five of the cases were lost to the clinic. In those cases having positive or suspicious smears, the average was nine, the child being brought to the clinic for weekly examinations. As already noted, the cases in which the symptoms persisted for the longest periods were those in which neglect, of instructions and cleanliness, was most obvious.

We do not advise segregation or isolation of these vulvitis cases, except as better treatment may be secured in the early part of the affection, for if epidemic vulvitis represents something in the nature of an autoinfection from infected nasal secretions, obviously the case-to-case transmission is via the latter, and occurring probably before the vulvitis as an individual sequela appears, segregation becomes unnecessary because too late. The institution problem would seem to center about the early isolation of cases which exhibit evidences of naso-pharyngeal infection. As regards the rare but definite gonorrheal vulvitis, we adhere to the theory that sex contact (including birth infections) alone is responsible for transmission, while in those cases seeming the result of lack of hygiene, or associated with masturbation, there is obviously no special element of contagion to guard against.

As regards the injurious effects of active antiseptic treatment, especially vaginal douches, it is enough to say that considerable opportunity has been afforded us to observe the effects, and it is apparent that the evidences of inflammation can be and are kept up indefinitely by the use of these measures supplying, as they do, chemical irritation on the one hand, and on the other lessening the natural protective resources of the vagina against bacterial invasion, as experience is teaching is also true in the adult.

Book Reviews.

Self-Development. By H. ADDINGTON BRUCE. Pp. viii-332. New York and London: Funk & Wagnalls Co. 1921.

Mr. H. Addington Bruce, who is well known for his ability to popularize psychopathology in a lucid and non-technical manner, has in this volume applied its various concepts to the problem of what constitutes success. In spite of the difficulty of applying general psychological conceptions to the individual complexities of human beings, he has succeeded admirably, and in a crisp and very readable manner has pointed out how to master the conflicts of life and utilize that reserve energy which is dormant in all of us. It is refreshing to read a volume on this subject which is based on sound psychological research and which is free from the usual superficialities of "vocational guidance" and "applied psychology" so prominent today, but which in a few years will be relegated to the dust bin of oblivion. The volume can be heartily recommended to those who wish a clear statement of the real motives underlying success. The advice given is sound and scientific: the rules elaborated for guidance are based on what we really know about those energies which must be used for success in life, and without being too dogmatic, Mr. Bruce indicates the method of best using these energies.

Mental Hospital Manual. By JOHN MACARTHUR, M.R.C.S., L.R.C.P. Pp. 215. London: Henry Frowde and Hodder and Stoughton (Oxford Medical Publications). 1921.

This volume is a practical and very complete handbook for the use of medical officers in insane hospitals. It is designed chiefly for those physicians who have had no experience in hospitals for the insane, where the details of medical care, in many instances, differ so markedly from a physician's duties in general hospitals.

A large portion of the volume is occupied with the legal aspects of psychiatry, which are applicable only to English hospitals. On the whole, the volume can be recommended as a concise treatise embodying the general medical and executive care of insane patients. It is very complete in its descriptions of the care required in various mental diseases, the sudden emergencies which are liable to arise in such mental disorders, the duties of medical officers and the handling of the patients with defective habits.

Current Literature Department.

ABSTRACTORS.

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A CRITICAL ANALYSIS OF TWENTY-ONE YEARS' EXPERIENCE WITH CAESAREAN SECTION.

WILLIAMS, J. W. (*Johns Hopkins Hospital Bulletin*, June, 1921), in an interesting article based on his long experience presents the following conclusions:

1. This analysis is based upon 183 Caesarean sections performed upon 145 women up to December 31, 1920.

2. The operations were done in a series of approximately 20,000 deliveries, and comprise 104 single, and 79 repeated sections. The latter were done upon 41 women, 34 of whom had two, and 7 three sections each.

3. Although the number of white and black patients in the service was approximately identical, many more Caesarean sections were done upon the latter—114 to 69, while 30 to 11 required repeated sections.

4. The following types of operations were done:
   121 typical conservative sections.
   4 extraperitoneal sections.
   1 postmortem section.
   57 Porro sections.

5. The gross mortality was 5.46 per cent., but, upon deducting the cases in which death was not attributable to the operation, the net mortality was 3.45 per cent.; or 4.07 per cent. in the conservative and 1.82 per cent. in the Porro sections.

All deaths, except one from hemorrhage, were due to infection.

6. The mortality was 13 times greater in the first 50 than in the last 133 cases—10 to 0.77 per cent. This remarkable diminution was not due to changes in operative technique, but to the avoidance of ascending infection by operating before the onset of or during the first hours of labor.

7. The conservative section late in labor is always dangerous, even if vaginal examinations have not been made; while the Porro section is relatively safe. The most important means of lowering the mortality of conservative Caesarean section due to disproportion is by learning to determine before the onset of labor whether operation will be required or not.

8. The Porro operation is relatively safe even in infected or exhausted patients, as the absence of the involuting uterus hinders the spread of infection.

9. Disproportin due to contracted pelvis was the indication for interference in nine-tenths of the black, and in six-tenths of the white patients.

10. The several varieties of rachitic pelvis afforded the predominant indication in the blacks, as compared with the simple flat pelvis in the whites.

11. The most frequent non-pelvic indications were eclampsia and serious cardiac decompensation.

12. Caesarean section is not the ideal treatment for eclampsia, and is indicated only in the rare instances in which the cervix is rigid and undilated and venesection has not led to improvement.

13. It is likewise only rarely indicated in placenta praevia. We have done but one section in 66 cases, and regard the rubber balloon as the best treatment.

14. Generally speaking the patient should be sterilized at the third section, either by amputating the uterus or by an operation upon the tubes.

15. We make the abdominal incision below the umbilicus, as it permits amputation of the uterus or operations upon the appendages, when necessary, without extending the incision.

16. The uterus should be incised *in situ*, and eviscerated before incision only in the presence of infection. Our experience indicates that in normal cases the latter procedure increases the incidence of infection.

17. The uterine incision should be sutured in layers, and the greatest care taken to insure the closest approximation of the peritoneal margins.

18. The uterine cicatrix ruptured once in 48 women with repeated sections, as well as in 12 deliveries through the natural passages subsequent to section. The frequency of its occurrence is probably exaggerated, so that the dictum "once a Caesarean always a Caesarean" is not necessarily correct. On the other hand, the possibility of rupture must always be faced and constitutes the strongest argument against the unnecessary employment of Caesarean section for non-pelvic indications.

19. The placenta was inserted upon the anterior wall of the uterus in two out of every five of our cases. Consequently, it is frequently involved in the uterine incision. This has no other significance than a momentary gush of blood.

20. The delivery of an asphyxiated child occurs less frequently than is generally believed. Somewhat over one-half of our children cried immediately after delivery, and only 7 per cent were deeply asphyxiated.

21. Notwithstanding the extraordinary value of pituitary extract in stimulating uterine contraction, pronounced atony with danger of death from haemorrhage is still to be reckoned with, and necessitated amputation of the uterus in two of our patients.

22. Uterine adhesions were absent in one-quarter of our repeated sections, and were extensive in one-third of them. They are not necessarily the result of infection, as the puerperium was normal in 36 per cent. of the cases in which they developed. In many instances they appear to be associated with imperfect approximation of the uterine wound or with other traumatic factors.

23. The old superstition that boys originate from the right and girls from the left ovary can be definitely discarded. In two-thirds of our patients the corpus luteum persisted until the end of pregnancy, and its location bore no relation to the sex of the child.

24. Finally it should be remembered that Caesarean section is not devoid of danger, and is relatively safe only when under appropriate conditions before the onset or during the first hours of labor.

As the uterine cicatrix constitutes a *locus minoris resistentiae* in subsequent pregnancies, Caesarean section for other than pelvic indications should be performed only when necessary.

It is his conviction that the operation is being abused throughout the country, and if accurate statistics as to its results were available that it would be found to be accountable for many unnecessary maternal deaths.

It should be recognized that, although it is frequently the easiest manner of delivering the patient in the presence of various abnormalities, it is not always the safest, and that ideal results are obtained in only a few clinics.

[J. B. H.]

Acute Infections of the Endometrium

Hobbs (*British Medical Journal*, July 9, 1921) is of the following opinions in regard to the treatment of acute infections of the endometrium:

1. That careful treatment of the endometrium and draining the cavity of the uterus does not produce an extension of the existing inflammation but lessens it.
2. That the cavity of the uterus can be approached time after time until the temperature becomes normal, the uterus firm, and the discharge is got rid of.
3. That inflammatory conditions in the adnexa of the uterus are not only no bar to but are an indication of the need for treatment of the endometrium, since the centre of the infection must be therein. This is proved by the fact that the physical signs subside much more rapidly when the uterus is drained than if left alone.
4. That in a large number of cases the origin of the pain and discomfort lies not in the tubes but in the uterus, because it is inflamed and heavy.
5. That unless these lesions outside the uterus are of the grossest kind no operation should be performed, at any rate until thorough methodical treatment of the endometrium has first been tried. Exacerbations of salpingitis have proved far less frequent since he has followed this line of treatment.

[J. B. H.]

Physical Exercise in Heart Disease.

Theodore B. Barringer, Jr. (*The Am. Jour. of Med. Sci.*, clxii. No. 1, July, 1921.) The great drawback to experimenting with exercise in disease of the heart has been the difficulty in determining just when a patient's heart was overtaxed by physical work, and a lively fear of the results of such overtaxing. Physicians have been extremely cautious about advising these patients to exercise, and a valuable form of treatment in circulatory disease has been discarded.

Using systolic blood pressure readings obtained every ten seconds by auscultation during and after work, the writer has charted the normal and pathological response to exercise. This is, he believes, a more valuable guide than subjective symptoms, which involve the personal equation, or pulse rate.

Using this method as a guide, he has subjected patients to exercise with five pound dumb-bells, and translated their reaction to these exercises into terms of other physical activity. He emphasizes the fact that exercise should not be given to patients who are suffering from even a mild reinfection of a diseased heart, nor until, after such an infection the temperature has been normal for from five to seven days. (The reviewer would wait twice that time.)

The administration of digitalis is not a contraindication to exercise, as the drug favorably influences the heart's action during exercise. The writer concludes that "there can be no excuse in the majority of instances for advising heart patients against exercise nor any reason for not being specific and definite when prescribing this valuable therapeutic measure".

[C. H. L.]

Observations on the Basal Metabolism Estimations in the Goitre Clinic of the University Hospital.

Frazer, C. H., and Adler, F. H. (*Am. Jour. of Med. Sci.*, clxii, No. 1, July, 1921). The writers divided their cases into four groups, according to their severity. They also grouped them according to the basal metabolic rate, independently. "The conformity between these several groups, as classified on the one hand by the clinical phenomena and on the other by the metabolic rate, is sufficient to enable us to say that in the majority of cases we have in the basal metabolic rate a numerical index of the patient's toxity." As yet, they do not give the metabolic rate precedence over the clinical picture, attaching greater significance to loss of weight, emotional instability, and pulse rate. It is, however, of great value in distinguishing true cases of hyperthyroidism from those cases of neurasthenia, cardiovascular disease or tuberculosis who present the clinical picture of toxity and happen to have a simple adenomatous enlargement of the thyroid. The writers are guided in the choice of operation by the metabolic rate and believe it may be useful in the future in determining how much of the thyroid should be removed.

[C. H. L.]

Studies on the Dosage of Digitalis in Children.

McCulloch, H., and Rupe, W. A. (*Am. Jour. Med. Sci.*, clxii, No. 2, Aug., 1921). Thirty-six children with normal hearts were studied, in an attempt to determine whether the relation between body weight and dosage was the same for children as for adults. Evidence of the action of the drug was indicated by vomiting or by typical electrocardiograms.

The results show that up to about four years of age, children respond to digitalis more readily than do those above this age. Older children with normal hearts apparently require a larger amount per unit of body weight than is necessary to produce an effect in adults with heart disease. There was a considerable variation in the amount of digitalis necessary to bring about a response in the hearts of children.

[C. H. L.]

The Schick Reaction.

Ward (*British Medical Journal*, June 25, 1921) presents her observations in regard to the Schick reaction and discusses the preparation of the toxine and the technique of the injection, the influenza of age and pregnancy on the reaction, immunity in the new-born and active immunization of infants. Her work is summarized as follows:

1. The Schick test has given us very definite data as to which years are the most dangerous with regard to diphtheria infection in a child's life. These are between six months and six years, while the periods of lowest susceptibility appear to be under six months and over fifteen years. These results are endorsed by clinical experience.
2. It is of great value in deciding the difficult question of whether a patient is a carrier or is really suffering from diphtheria. For example, a case of streptococcal tonsillitis in a diphtheria carrier would by culture alone be thought to be one of diphtheria. If a Schick test were done on such a case no doubt would be left—in the case of the test being negative it would be treated as a carrier, and if the reaction were positive, as a case of diphtheria. Similarly, in a case with nasal purulent or sanious discharge the same difficulty would arise and a Schick reaction, here too, would indicate the line of treatment to be followed.
3. It has, perhaps, its greatest value in showing us to whom, among persons exposed to infection (for example, contacts, doctors and nurses), we

may safely omit to give antitoxin—thus greatly minimizing the risk of anaphylaxis and also saving pain and expense. When possible, only those nurses who give a negative Schick reaction should be employed in diphtheria wards.

4. We are able by means of the Schick test to ascertain, in cases which have previously had the disease or have had antitoxin, to what extent their immunity persists, and whether they have sufficient antibodies to overcome a fresh infection.

5. Lastly, it has supplied us with a basis on which to build new immunizing methods, which have given such encouraging results in America that we feel justified in looking forward with confidence to the day when diphtheria will be a disease well under our control, and the infant and child life of this country robbed of one of its chief horrors. [J. B. H.]

Clinical Uses of Salt Solution in Conditions of Increased Intracranial Tension.

Foley, Frederick E. B. (*Surgery, Gynecology and Obstetrics*, August, 1921) writes as follows:

In the human subject intravenous injection of hypertonic salt solution or the ingestion of salt produces a fall of cerebrospinal fluid pressure and a diminution of brain bulk.

In conditions of pathologically increased tension the response is conditioned by the details of the pathological alterations. The determining factors appear to be the size of the lesion which increases brain bulk and the amount of fluid available for absorption. The induced fall of pressure is inversely proportionate to the former and indirectly proportionate to the latter.

A distinction is made between increased intracranial fluid tension *per se* and increased intracranial tension which is due to enlargement of brain bulk.

From observation of cases of obstructed and dilated ventricles an intraventricular absorption of fluid following salt ingestion seems to occur.

The procedure has a definite field of clinical usefulness in cases exhibiting high grades of intracranial pressure. The most striking results are to be obtained in those cases in which cerebrospinal fluid obstruction exists.

[E. H. R.]

The X-Ray after the Inflation of the Pelvic Cavity With Carbon Dioxide Gas as an Aid to Obstetric and Gynecological Diagnosis.

Peterson, Reuben, (*Surgery, Gynecology and Obstetrics*, August, 1921) writes as follows:

The uterus, together with the tubes and ovaries, can be clearly shown by penumoperitoneal roentgenography.

Owing to their distention with gas the tubes are rather more clearly demonstrated by the x-ray where inflation has been brought about through the transuterine route than where the inflation has been made transperitoneally.

On account of the rapid absorption of carbon dioxide gas with equally rapid subsidence of the discomfort produced by the inflation, this gas should be used in preference to oxygen which is very slowly absorbed.

Irregularities of the uterus, omental and bowel adhesions are clearly demonstrated by the pneumoperitoneal x-ray.

In not a few instances the diseased and enlarged appendages are more clearly made out by pelvic roentgenography than by the most careful and searching bimanual examination even under anæsthesia.

With the improved position (knee chest and Trendelenburg) smaller and smaller quantities of gas will be necessary for inflation. Thus discomfort will be reduced to a minimum.

If the technique of pelvic roentgenography be good, retention of bowel coils in the pelvis will be proof of adhesions.

The pneumoperitoneal x-ray is able to demonstrate pregnancy at a much earlier period than is possible by the examining finger.

With good technique and good judgment in the selection of cases both transuterine and transperitoneal gas inflation are free from danger.

Bimanual pelvic examination and pelvic pneumoperitoneal roentgenography are not antagonistic diagnostic methods. Each is valuable and their value is enhanced if they be used in conjunction, each acting as a check upon the other.

[E. H. R.]

The Incidence of Carcinoma in Gastro-Intestinal Diverticulosis.

Mellon, R. R., Soble, N. W., Davidson, S. C., and Fowler, W. F., (*Surgery, Gynecology and Obstetrics*, August, 1921) write as follows:

Gastro-intestinal diverticulosis is an important abdominal condition which does not have the recognition from the abdominal surgeon that it deserves. The gastric cases are the rarest. The one here reported was diagnosed pre-operatively by means of the x-ray, and confirmed by pathological examination.

The conditions prevailing in these curious formations seem to facilitate the development of carcinoma, which fact makes their early recognition and removal a matter of first importance to the patient. Ulceration is not a necessary condition for the development of carcinoma.

Whether carcinoma develops or not, diverticula are always a source of danger to the patient, owing to the sequelæ of infection and obstruction.

[E. H. R.]

Fracture of the Skull in Children.

Moorhead, J. J., and Weller, W., (*Annals of Surgery*, July, 1921), state as follows:

A combination of vault and basal injury can be expected in a very large percentage in which the injury has been severe, and when the violence has not been direct and localized in character; in the latter, vault fracture is more usual.

The mortality in this series was 26 per cent., in which 5 per cent. followed vault fracture, and 10 per cent. basal and 11 per cent. combined vault and basal injury; stated in another way, involvement of the base gave a mortality of 21 per cent., four times that of the vault. If associated injuries are excluded, our mortality is only 17 per cent.

Early death (within forty-eight hours) was due to the head injury or associated injury; thereafter infection in the form of meningitis, often pneumococcic, was the chief factor. Sixteen of our cases died within twenty-four hours, four within forty-eight hours; this means that over three-fourths (76.7 per cent.) of fatalities occurred in the first two days.

Fifty-one per cent. of the quoted cases involved the vault with a mortality of 5 per cent.; 17 per cent. involved the base with a mortality of 10 per cent.; 32 per cent. involved base and vault with a mortality of 11 per cent.

By comparison with adults, children have a 25 per cent. better chance for life with an equal grade of skull injury.

The number of cases requiring operation is relatively small; in this group 12 per cent. were operated upon. [E. H. R.]

PRIMARY CLOSURE OF THE URETER AND RENAL PELVIS AFTER NEPHROLITHOTOMY.

GUERRY, LEGRAND, (*Annals of Surgery*, July, 1921), states as follows:

We have in a group of twelve ureteral cases, one complete failure, one 20 per cent. failure, and ten cases in which the wound healed by complete primary union. Surely a result worth while and pregnant with food for thought.

In the group of stones in the renal pelvis there are eight cases; six of these healed by complete primary union, and two cases, while they showed some leaking, were a marked improvement over the method of non-suture, since both of them leaked very little and closed within a week.

The ureter should be opened parallel to its long axis; every effort must be made to preserve the connective-tissue capsule of the ureter and the sutures so introduced as never to include the mucous membrane. The connective-tissue capsule and its use and preservation is the most essential element in success.

The method of technic and the things to be considered in a purely operative way are best shown in the illustrations.

Since writing the above, we have had two more cases of stone in the ureter, in which we have been able to practice primary closure after removal of stone, without drainage, and in both cases we have had perfect primary union. The addition of these two cases makes our total cases number twenty-one. The figures show fourteen cases of ureteral stone with twelve successful primary closures; one complete failure, and one twenty per cent. failure. If the points about the proper use of the connective tissue and fatty capsule of the kidney and ureter, in making the closure, are borne in mind, the results will be uniformly good; it is also vitally necessary not to include in the suture the mucous membrane. It is very remarkable what an extensive injury to pelvis of the kidney can be closed immediately with perfect results, when the fatty capsule is used to reinforce the suture line.

Our rule is not to drain these cases unless it is clearly indicated. [E. H. R.]

MALIGNANT TUMORS OF THE THYROID.

WILSON, LOUIS B., (*Annals of Surgery*, August, 1921), presents an analysis of the literature and a summary of the data on 290 patients with malignant tumors of the thyroid who have been examined in the Mayo Clinic up to December 31, 1920, and writes as follows:

Malignant tumors of the thyroid are much more frequent than is generally believed. Their correct clinical diagnosis is frequently missed (a) because they may have periods of development of from five to fifteen years and patients are not followed up long enough after operation, and (b) because not infrequently the tumor in the thyroid itself is relatively small and the character of metastasis is not determined, owing to the rarity of necropsies.

Pathologic diagnosis is difficult owing to the great variation in the histology of the tumor tissue and its resemblance to that of non-malignant processes.

There has been a marked failure of American surgeons to report in the literature their cases of malignant tumors of the thyroid; this should be corrected.

Insufficient observations are at hand for determining the geographic incidence.

The age incidence at the date of diagnosis is greatest in the fifth decade.

The distribution by sex is about one man to two women.

Patients usually seek medical advice on the occasion of recent, rapid growth in a long-standing nodular tumor of the thyroid. Some give histories of slow, continuous growth.

Early, thorough operations give a fair percentage of cures. Palliative operations in late cases with extensive local involvement are warranted.

Pathologic diagnosis must take into account the usual development of malignant tumors of the thyroid from proliferating embryonic adenomas.

A series of photographs of specimens, gross and microscopic, of thirty-five illustrative cases, is presented with brief clinical and pathologic notes to serve as an atlas in assisting the pathologist in diagnosis.

The pathologist must be thoroughly familiar with the characteristics of proliferating adenomas, as first described by Langhans, in all their stages.

The pathologist must be on the lookout for the possible relationship of bizarre metastatic growths of tumors of the thyroid.

The pathologist, in his diagnosis for the guidance of the surgeon, must consider the relative preponderance of proliferative and degenerative processes in the tumor, but a proliferating adenoma in a patient of cancer age should not be considered benign unless the process of degeneration is very extensive and thoroughly overbalances that of proliferation. [E. H. R.]

RARE TUMORS OF THE CERVIX OF THE UTERUS OF INFLAMMATORY ORIGIN—CONDYLOMA AND GRANULOMA.

WHARTON, LAWRENCE R., (*Surgery, Gynecology, and Obstetrics*, August, 1921), writes as follows:

Condyloma of the cervix is one of the rarest of gynecological disorders.

Etiologically, pathologically, and clinically, there are two distinct types of condyloma of the cervix: the gonorrhœal and the tuberculous. When complications are not present, the symptomatology in these two types may be identical, the chief complaint being the presence of a profuse, purulent, vaginal discharge which may be occasionally tinged with blood. Both from the viewpoint of the history and the clinical findings, there may be no small resemblance between condyloma and malignant tumors of the cervix.

Gonorrhœal condylomata may occur singly as isolated pedunculated tumors or in clusters of papillomata which may almost entirely cover the cervix. These masses may present varying grades of inflammatory reaction. Gonorrhœal condyloma of the cervix may be accompanied by similar lesions on the vulva and perineum and also by salpingitis and its many manifestations, but in our experience the endometrium is not usually affected. The primary focus of infection appears to be in the cervical glands. In the treatment of gonorrhœal condyloma, it is necessary to clean up the focus of infection and also to remove the local growth. Curettage of the uterus is unnecessary and should not be performed.

Tuberculous condyloma of the cervix is almost always accompanied by other manifestations of the disease. There is almost always a concurrent tuberculous endometritis and salpingitis, and very frequently other lesions may be found. For this reason the operative treatment of the cervical lesion should be undertaken only after a careful study has been made and on the basis of sound surgical indication.

Prognosis. In gonorrhœal condyloma the outlook is uniformly good; in tuberculous the prognosis depends entirely upon the nature of the concomitant lesions and the method of treatment instituted. [E. H. R.]

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MEMORIAL EXERCISES IN RECOGNITION OF THE LIFE AND SACRIFICES OF OSCAR C. TUGO.

Statements in the public press and in magazine articles have seemed to show that a degree of apathy relating to the war sacrifices, exists to an unpardonable extent among our people.

Previous to and even during the conflict, there were people who felt that participation by the United States was not necessary or was even unwise. Among people of this class one might expect that a full realization of the importance of the subjects in controversy at that time, was, and is, impossible. Because of that indifference, one may not be surprised to find that the limited sympathy aroused has been followed by indifference to the suffering resulting.

But among those who participated in the struggle or those who were represented by fathers, brothers, or sons who suffered from illness or wounds, or by those who gave all that can be given by a living creature, there is left a feeling too intense for expression and which can never be supplanted by indifference.

The evidence of the disposition of appreciative people to show that the sacrifices have not been forgotten, was shown in the exercises conducted in memory of Oscar C. Tugo on October 18, 1921. Every feature of this exhibition was a tribute to the man and a demonstration of understanding of his spirit.

The Journal is honored in being permitted to place in a permanent form this account of the exercises which appear on other pages. This recital of his many experiences, and the portrayal of his mental and moral qualities, together make a fitting object lesson which should have influence on the minds and character of all who may read this history.

ANTI-VIVISECTION.

And now comes the Hon. Asa P. French, President of the Anti-vivisection Society of this section of the country, and among other reasons for opposing vivisection, quotes Dr. Henry J. Bigelow and Mr. Lawson Tait.

Dr. Bigelow's criticism of certain experiments in Europe, witnessed by him early in his life, were logical, as explained by his son, Dr. W. S. Bigelow, in a recent article in the Boston Herald. His subsequent labors in promoting the development of the physiological laboratory in Harvard University make a refutation of the assertions of Mr. French. Furthermore, Dr. Bigelow's own statement relating to the subject under discussion, clarifying the situation, is herewith quoted: "The confounding of a painful vivisection and an experiment which does not cause pain—either because the animal is under ether, or because the experiment itself is painless, like those pertaining to the action of most drugs, or because it is a trivial one and gives little suffering—has done great damage to the cause of humanity."

One after another the arguments of this group of the opponents of this form of medical study have been refuted, and yet people, otherwise useful members of society, are led astray by morbid sentiment, faulty reasoning or insufficient information.

If Mr. French would follow Mr. Baynes' example, visit the research laboratories and become acquainted with the teachers and students working there for the benefit of humanity, he might feel more in sympathy with the labors of those who, in many instances, have relinquished opportunities for lucrative returns for the harder tasks incident to patient investigation.

When one group of people antagonizes another engaged in a department of human endeavor, it is at least fair that the destructive critic should carefully study the results of the work done by those under his censure. Let Mr. French tell us what he would do with diphtheria without guinea pigs and horses, or how he would secure anti-smallpox vaccines without calves, or how he would have solved many other vital problems of diseases without the use of animals.

Lawyers are supposed to be the exponents of ethical behavior, and arrive at conclusions after critical analysis of the purpose and effect of the workings of another's mind. Should not a lawyer give due credit to the preponderance of medical opinion on the subject of animal experimentation and not try to bolster up his mental attitude by the use of quotations from statements of a small minority of medical opponents or, worse yet, mutilated reports of the opinions of some others?

What would a lawyer say of a doctor's criticism of a judicial decision on a matter of law, even assuming that a small minority of the judges failed to endorse the majority opinions?

Mr. French's excursions into financial fields have not impressed the public with a high estimate of his judgment outside of his chosen profession. May it not be true that he is hardly qualified to pass on questions involving broad conceptions of the interdependence of living creatures relating to the preservation of life?

ALL-AMERICA CONFERENCE ON VENEREAL DISEASES.

IN response to the suggestion made by the League of Red Cross Societies Committee, which met at Cannes in April, 1919, the All-America Conference on Venereal Diseases was held in Washington, December 6-11, 1920. Four hundred and fifty delegates were present, and of this number 136 were drafted to serve on the General Conference Committee and its sections. There were twelve sections, as follows:

1. Medical research and laboratory questions.
2. Diagnosis and treatment of syphilis.
3 and 4. Gonorrhea in the male and female.
5. Public health and administrative questions.
6. Clinic and hospital questions.
7. Statistics.
8. Public information and education.
9. Law enforcement measures.
10. Protective social measures.
11. Psychological and psychiatric questions.
12. Social service.

The men and women composing these sections were representative of the best intelligence of North and South America; not doctors alone, but jurists, educators, public health officials and social service workers, were included.

The conclusions arrived at by this very catholic body of men and women are bound to be of interest. A pamphlet summarizing these conclusions may be obtained from the Superintendent of Documents, Government Printing Office, at Washington, at ten cents a copy.

The report of the Conference is so full of interest that selection of particular points for mention is difficult. We noted, especially, the following:

The Section on Medical Research and Laboratory Questions concluded that there is no evidence of the establishment of immunity to gonorrhea or to syphilis, unless it be due to an existent infection, and that the complement fixation test has not yet been shown to be of value in the diagnosis of doubtful cases of gonorrhea.

The question of individual prophylaxis called forth widely divergent views. The compromise finally adopted by the Conference was as follows:

Resolved, That the use of medical prophylaxis has a place of demonstrated value in the Army and Navy, and that it should be furnished after exposure, by physicians, clinics, and hospitals, to persons seeking it, but that on moral and practical grounds, it should not be advertised or publicly furnished for civilian communities. The public advertisement and sale of commercial prophylactic packets is condemned.

The findings of Section 2, on the diagnosis and treatment of syphilis, are, unfortunately, too extensive for publication in these columns. They furnish to those who have anything to do with syphilis (and what medical man does not?) a very valuable summary of present-day opinion as to the value of the Wassermann test, the danger of infection, the best method of treatment, and the criteria of cure.

Sections 3 and 4, on Gonorrhea in the Male and Female, showed a real understanding of the situation when they called attention to the lack of knowledge of gonorrhea in the female, and recommended that the question be more intensively studied.

The Section on Public Health and Administrative Problems advocated further education, by the Federal Government and by the States, of doctors and of the public, in matters relating to venereal disease. Adequate provision for treatment should be made. Segregation during the infectious stage should be carried out for such persons as endanger the community (*i.e.*, chiefly, prostitutes). Advertisements of quack medicine and treatment should be forbidden the use of the mails.

In regard to the education of children in matters of sex, the Conference believes that instruction along this line should be carried on as part of whatever courses into which such questions would naturally fall, and that it should not be "framed as separate courses of study." In teaching concerning the venereal diseases, "fear should not be deliberately stressed as a deterrent." All medical and nursing schools should be encouraged to provide short courses of instruction in social hygiene.

In the Resolutions adopted by the All-America Conference on Venereal Diseases, we have a sane and practical program upon which to base the

fight against these evils. Unfortunately, it is a long step between resolving that a thing should be done, and doing it. However, the resolve must precede the deed, and the resolve we now have as a guide to legislation upon these questions, and to the duties of health departments the conclusions of the Conference should be very helpful. They will strengthen the hand of every one of us in dealing with the problems incidental to venereal disease.

AN ILLOGICAL TREATMENT OF PROSTATIC TROUBLES.

A CERTAIN doctor in Marblehead claims that by his method 99 per cent. of his patients get relief from prostatic troubles. His charge is fifteen dollars, with the assurance that if he fails to relieve, the money will be refunded. He cheerfully assures the patients that operations are unnecessary. The method consists in the employment of hydraulic pressure brought about by constricting the urethra during the passage of urine, until the distention resulting from the retained fluid stretches the insufficient outlet of the bladder, thus forcing the gland back.

In support of his claim, he reports having offered the idea to Rear-Admiral Cary T. Grayson, Medical Corps, U. S. Navy, for use in President Wilson's case, and claims that the employment of this method brought relief to President Wilson. Quotation from Dr. Grayson's letter seems to show that the claim is not true: "I am in receipt of your letter of August 30th, 1921, in which you make inquiry regarding a recent advertisement in the JOURNAL, in which I am quoted. I deny the authorship of such a statement. I have no knowledge of ever having written to Dr. M. V. B. Morse, and there is no record in my files. In fact, I am positive that any quotation from me relative to treatment is absolutely false."*

One of the victims was made very much worse by this treatment, as was to be expected, and upon applying to the doctor for the refund, it was, according to the custom of such pretenders, refused.

In one of his letters, this doctor with the marvellous cure, speaking of President Wilson's case, says, "He is still living. I doubt very much if he would be if it had not been for me."

When we consider that about one out of twelve males of advanced age are candidates for prostatic troubles, physicians should warn all men under their care of the necessity of securing reliable advice when suggestive symptoms are in evidence.

* Rear-Admiral Grayson misinterpreted the question submitted, so far as the advertisement is concerned, for the advertising material was in the form of circulars and letters.

NEWS ITEMS.

THE fifty-second meeting of the Massachusetts Association of Assistant Physicians was held at the Worcester State Hospital, Worcester, Mass., December 7, 1921. Fifty-five were present. At Dr. William Bryan's request, the wives of members were present. While the meeting was in progress the ladies were entertained by the hostess, Mrs. C. A. Bonner. The visitors were shown through the Hospital, and luncheon was served at 1 P.M. The meeting was called to order by the President, Dr. R. M. Chambers. A very interesting program was presented by the Staff of the Worcester State Hospital, as follows: "Origin and Scope of the Modern State Hospital," by the Assistant Superintendent, Dr. C. A. Bonner. This was followed by "Involution Melancholia," by Dr. G. A. Gaunt. Discussions by Drs. Bryan, Duvol, Bunker, Plant, and Chambers. A class in calisthenics was then conducted before the members, clearly demonstrating just what can be done with types of patients hitherto considered totally inaccessible. A tea dansant from 4 to 6 P.M., with music by the Hospital Orchestra, concluded a very enjoyable day.

DURING the week ending December 10, 1921, the number of deaths reported was 188 against 197 last year, with a rate of 12.94. There were 29 deaths under one year of age against 28 last year.

The number of cases of principal reportable diseases were: Diphtheria, 77; scarlet fever, 29; measles, 45; whooping cough, 15; typhoid fever, 2; tuberculosis, 31.

Included in the above were the following cases of non-residents: Diphtheria, 5; scarlet fever, 4; measles, 1; tuberculosis, 2.

Total deaths from these diseases were: Diphtheria, 3; tuberculosis, 7.

Included in the above were the following cases of non-residents: Diphtheria, 1; tuberculosis, 1.

Obituaries.

RESOLUTIONS PASSED ON THE DEATH OF JOHN JOSEPH FLYNN, M.D., BY THE BERKSHIRE DISTRICT MEDICAL SOCIETY.

DR. JOHN J. FLYNN died in Pittsfield, November 13, 1921, in the sixty-first year of his age, from nephritis.

He was born in Worcester, April 4, 1861. He attended the Worcester Public Schools, and later was a student at Holy Cross College. He graduated from the Jefferson Medical College in 1884. Soon after graduation he commenced the practice of medicine in Palmer and was there for three years. He was married in 1888, and his wife and one daughter survive him. In

1891 he moved to Pittsfield, where he rapidly built up a successful and lucrative practice. For twenty-five years he was a member of the House of Mercy Staff, and gave to that institution an unselfish and devoted service. In 1904, he was appointed Associate Medical Examiner for this District, filling the unexpired term of the late Dr. C. L. Swift, and was reappointed for another term.

He served on the local Board of Health for a few years, and as Vice-President and President of the Berkshire District Medical Society in 1903 and 1905, respectively.

His funeral was held from St. Charles Church, Wednesday, morning, November 16, and the interment was in Palmer.

Dr. Flynn was a successful practitioner of medicine and made strong and lasting friendships among his patients.

HENRY COLT,
I. S. F. DODD,
E. H. TAYLOR,
Committee on Resolutions.

RESOLUTIONS ADOPTED BY THE BROOKLINE MEDICAL CLUB IN MEMORY OF DR. WALTER CHANNING.

BY the death of Dr. Channing, the Brookline Medical Club has lost a most valued member, who was a charter member and the first president. During his life he made important contributions to medical knowledge in the obscure field of mental disease. He brought about many improvements in the treatment of the mentally sick.

He endeared himself to many patients and physicians by his sympathetic understanding of their perplexities. Quietly, but constantly, he gave help wherever opportunity offered.

We, the members of the Brookline Medical Club, wish to express our sense of privilege in having numbered him among our members, our sense of loss by his death and our sympathy for his family and friends.

C. H. LAWRENCE, M.D.
CARLETON T. FRANCIS, M.D.
FRANCIS P. DENNY, M.D.

December 5, 1921.

Miscellany.

ACTION OF COUNCIL ON PHARMACY AND CHEMISTRY.

DURING November, the following articles have been accepted by the Council on Pharmacy and Chemistry of the A. M. A., for inclusion in New and Nonofficial Remedies:

G. W. Carnrick Co.—Amylzyme Capsules.

Merck & Co.—Bromipin 10 per cent. Iodipin 10 per cent. Tablets.

Powers-Weightman-Rosengarten Co. — Theobromine—P.W.R.

Schering and Glatz.—Xeroform S. and G.

E. R. Squibb and Sons.—Diphtheria Immunity Test (Schick Test)—Squibb Diphtheria Toxin-Antitoxin Mixture—Squibb.

Yours truly,
W. A. PUCKNER, *Secretary*,
Council on Pharmacy and Chemistry.

NEW AND NONOFFICIAL REMEDIES.

Eastman Barium Sulphate for Roentgenology.—A brand of barium sulphate for roentgen-ray work—N.N.R. (see *New and Nonofficial Remedies*, 1921, p. 58). Eastman Kodak Company, Rochester, N. Y.

Kalmerid Germicidal Tablets Potassium Mercuric Iodid.—Each tablet contains mercuric iodid 0.29 gm., potassium iodid 0.58 gm., ammonium chlorid 0.12 gm., eosin "Y" 0.0005 gm., and yields, when dissolved in water, potassium mercuric iodid 0.5 gm., with an excess of potassium iodid. For a discussion of the actions and uses of potassium mercuric iodid, see *New and Nonofficial Remedies*, 1921, p. 198. Davis and Geck, Inc., Brooklyn, N. Y. (*Jour. A.M.A.*, Nov. 12, 1921, p. 1573).

Iodipin 10 per cent.—An iodin addition product of sesame oil containing from 9.8 to 11.2 per cent. of iodin in organic combination. It acts in the system similarly to the inorganic iodids. It is not broken up in the stomach, but a portion of the iodin is split off when it enters the intestine; the remaining compound is readily absorbed, and, as in the case of other fats, is largely deposited in the tissues, where it is slowly split up. Because of this behavior, the action of iodipin 10 per cent. is exerted more slowly than that of the inorganic iodids. The dose is from 4 to 16 cc. (1 to 4 fluid drams) three or four times a day. Iodipin is not marketed as such, but in the form of iodipin tablets 8 grains. Merck and Co., New York (*Jour. A.M.A.*, Nov. 19, 1921, p. 1655).

PROPAGANDA FOR REFORM.

More Misbranded Nostrums.—The following products have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drugs Act, chiefly because the curative claims advanced for them were held false: *Salt-Sulphur Water* (Salt-Sulphur Water Company), a water found to consist wholly or in part of a filthy and decomposed putrid animal or vegetable substance, and claimed to be invaluable in the treatment of inflammatory and catarrhal conditions of the stomach, intestines and diseases of the liver. *Pildoras Uriseptic* (Davis and Lawrence Company, and New York Medicine Company), pills consisting essentially of cubebs, methylene blue, salol and kava kava, and asserted to be anti-

gonorrheal, diuretic, antiseptic and resolvent. *Boquette's Family Remedy* (Boquette Remedy Company), falsely claimed to be of value for chills and fever, rheumatism, lumbago, etc., consisting essentially of a solution of Epsom salt and saltpeter, and asserted to be of value in a large number of diseases. *Volta Powder* (Volta Company), essentially a mixture of free sulphur, impure iron (ferric) oxid, and a trace of essential oil, and sold as a treatment for rheumatism, sciatica, gout, etc. *Carey's Marsh Root* (Carey Medical Corporation), consisting essentially of plant extractives, sodium potassium salts, salicylates, aromatic oils, glycerin, water and alcohol; asserted to be of value in Bright's disease, diabetes and all urinary troubles. *Sterling Injection* (Western Wholesale Drug Company), a watery solution containing opium, borax and a trace of sulphate, and recommended for the treatment of gonorrhea (*Jour. A.M.A.*, Nov. 5, 1921, p. 1513.).

Estivin.—This is sold by Schieffelin and Co., New York. A request for a statement of the composition of this product, sent to Schieffelin and Co. by the Council on Pharmacy and Chemistry, brought the indefinite and therefore meaningless statement that Estivin is an extract of Rosa Gallica containing no alcohol or foreign ingredients (*Jour. A.M.A.*, Nov. 12, 1921, p. 1595).

Intravenous Compound (Loffler). — This is exploited by the Intravenous Chemical Company of Chicago, without information of its composition. From the analysis of this preparation in the A. M. A. Chemical Laboratory, it was concluded to be a mixture of alkali chlorate and nitrate and boric acid, probably produced by fusing together the constituents. Its composition is very similar to that of Oxychlorin and Zyme-oid, which were analyzed by the Laboratory nearly fourteen years ago. Intravenous Compound (Loffler) is a nostrum of secret composition which physicians are asked to inject into the veins of their patients. It must be purchased in connection with some supplementary material, "a complete set of apparatus" sold by the same concern. Its successful administration is said to depend on following a technic detailed either in a booklet sent out by C. L. Loffler, or given by him in a "post-graduate course," which costs physicians fifty dollars, unless they have purchased six dollars' worth of another nostrum, "Thymozene."

Midol Headache Tablets.—Midol was analyzed in the A. M. A. Chemical Laboratory in 1912. At that time the chemists reported that Midol was sold in the form of tablets and to contain amidopyrin (first introduced as pyramidon) as their essential constituent. Amidopyrin is a pyrazolon derivative related to antipyrin, and it has no place in preparations for self-drugging (*Jour. A.M.A.*, Nov. 1921, p. 1674).

Seleni-Basecа.—A campaign for free publicity is carried on for an alleged remedy for cancer. A specimen, labeled "Selenibasecа. A mixture of Colloidal Selenium in tablet form," was examined in the A. M. A. Chemical Laboratory. The tablets were found to contain only about 1.3 per cent. of selenium, and the product was not colloidal, as claimed. The composition of Seleni-Basecа resembles that claimed for Sulpho-Selene, a preparation reported on by the Council on Pharmacy and Chemistry some years ago, but it contained no bile salts (a constituent claimed to be present in Sulpho-Selene) (*Jour. A.M.A.*, Nov. 19, 1921, p. 1672).

Serum for Pernicious Anemia.—"Ph. Rahtjen, A.M., Ph.D.," Pasadena, Calif., informs laymen that he has immunized goats against the germ of pernicious anemia and that patients have responded favorably to the "serum." Reference to medical literature does not disclose just what Rahtjen's serum is, and a search of American medical literature for some years past fails to disclose any publication by Rahtjen on any subject. In 1917, the Rahtjen Tuberculosis Sanatorium, San Francisco, exploited the Rahtjen Cure for Tuberculosis, with the claim that "the remedy seems to cure tuberculosis in all its forms with equal celerity and certainty": and yet people are still dying of tuberculosis! In 1920, so the newspapers had it, Rahtjen was offering a "New-Life Fluid" which was a long step forward to counteract old age. This was in March, 1920, yet people continue to grow old. According to recent newspaper accounts, Rahtjen is making his extract from Mexican bulls and cows; the first for males and the second for females (*Jour. A.M.A.*, Nov. 26, 1921, p. 1753).

LAWS RELATING TO LYING-IN HOSPITALS AND SOME FUNCTIONS OF THE BOARDS OF HEALTH.

SINCE various questions may be in the minds of people when legislation relating to lying-in hospitals is under discussion, the following quotations from existing laws relating to this subject are herewith presented:

Section 1, Chapter 41, relating to Boards of Health, reads:

Every town at its annual meeting shall in every year when the term of office of any incumbent expires, and except when other provision is may by law, choose by ballot from its inhabitants the following town officers for the following terms of office:

* * * *

Three members of the board of health for the term of three years if the town provides for such board, otherwise the selectmen shall act as a board of health.

The following sections are from Chapter III:

FUNCTIONS OF BOARDS OF HEALTH.

Section 26. In each city, except Boston, the board of health shall consist of three persons,

one of whom shall be a physician. No one of them shall be a member of the city council. One member shall be appointed in January of each year for three years from the first Monday of the following February. Unless a different mode of appointment or election is provided in the city charter, the members shall be appointed by the mayor, subject to confirmation by the board of aldermen, and may be removed by the mayor for cause, and vacancies shall be filled by appointment for the residue of the unexpired term. Members of the board shall receive such compensation as the city council may determine. Boards of health in towns shall be chosen as provided in chapter forty-one.

Section 29. Boards of health shall send to the department every week, upon blanks to be prescribed by it, a report of deaths in their towns for the week ending Saturday noon, from all diseases declared by the department to be dangerous to public health.

Section 30. Boards of health may appoint agents to act for them in cases of emergency or if they cannot conveniently assemble, and any such agent shall have all the authority which the board appointing him had; but he shall in each case, within two days, report his action to the board for its approval, and shall be directly responsible to it and under its direction and control. An agent appointed to make sanitary inspections may make complaint of violations of any law, ordinance or by-law relative to the public health.

Section 31. Boards of health may make reasonable health regulations which shall be published once in a newspaper if one is published in the town, otherwise in a newspaper published in the county. All regulations made hereunder which provide a penalty for violation thereof shall, before taking effect, be approved by the attorney general. Such publication shall be notice to all persons.

* * * *

Section 70. Hospitals supported in whole or in part by contributions from the commonwealth or from any town, incorporated hospitals offering treatment to patients free of charge, and incorporated hospitals conducted as public charities, shall keep records of the treatment of the cases under their care and the medical history of the same. Such records and similar records kept prior to April twenty-fifth, nineteen hundred and five, shall be in the custody of the person in charge of the hospital.

Section 71. The department of public welfare may issue a license, subject to revocation by it, to any person whom it deems suitable and responsible to establish or keep for two years a lying-in hospital, hospital ward or other place for reception, care and treatment of women in labor, if the local board of health shall first certify to said department that, from its inspection and examination of such hospital, hospital ward or other place aforesaid, the same is suitable therefor.

Section 72. The department of public welfare shall have supervision of all such hospitals, hospital wards or other places, may make necessary rules for their regulation, and may visit and inspect the same. The said hospitals, hospital wards and other places shall also be subject to visitation and inspection at any time by the head of the police department, or his authorized agent, or the board of health of a city, or by the chief of police, selectmen or the board of health of a town, and if during the year it receives more than six patients, by the department of health.

Section 73. Whoever establishes or keeps or is concerned in establishing or keeping a lying-in hospital, hospital ward or other place for the purpose mentioned in section seventy-one, or is engaged in any such business without such license, shall for the first offence be punished by a fine of not more than five hundred dollars, and for a subsequent offence by imprisonment for not more than two years.

Section 74. Any town not maintaining or managing a hospital may annually appropriate a sum not exceeding five hundred dollars, to be paid to a hospital established in such town or in the vicinity thereof, for the establishment and maintenance of a free bed in the hospital, for the care and treatment of persons certified by the selectmen to be residents of the town and unable to pay for such care and treatment. This section shall not apply to cities.

Section 75. Whoever occupies or uses a building for a hospital in a part of a town prohibited by the aldermen or selectmen, shall forfeit not more than fifty dollars for every month of such occupancy or use and in like proportion for a shorter time. The supreme judicial or superior court may restrain such occupancy or use.

Section 110. If either eye of an infant becomes inflamed, swollen and red, or shows an unnatural discharge within two weeks after birth, the nurse, relative or other attendant having charge of such infant shall report in writing, within six hours thereafter, to the board of health of the town where the infant is, the fact that such inflammation, swelling and redness of the eyes or unnatural discharge exist. On receipt of such report, or of notice of the same symptoms given by a physician as provided by the following section, the board of health shall take such immediate action as it may deem necessary, including, so far as may be possible, consultation with an oculist and the employment of a trained nurse, in order that blindness may be prevented. Whoever violates this section shall be punished by a fine of not more than one hundred dollars.

On some occasions physicians have expressed doubt about how to act when the subject of transfer of the licensing of lying-in hospitals to the Department of Public Health was under discussion, because the provisions of law relating thereto were not in mind. All who may be interested in the subject may be able to form an opinion after reading these quotations.

THE LICENSING OF LYING-IN HOSPITALS.

In addition to the laws relating to lying-in hospitals, the application blank and the regulations required by the Department of Public Welfare are herewith presented:

APPLICATION FOR A LICENSE.

.....192...

To the Department of Public Welfare,
State House, Boston

I hereby apply for a license to establish and keep a Lying-in Hospital, Hospital Ward or Other Place for the reception, care and treatment of women in labor within the city or town of ..... subject to the provisions of chapter 569 of the Acts of the year 1910, chapter 264 of the Acts of the year 1911, and the rules relating thereto.

Location of premises.....

Number of rooms.....number of beds.....

Assistants.....

Occupation of applicant .....

References* .....

.....

Respectfully yours,

.....

.....192...

After inspection and examination of the above-named premises we hereby certify that they are suitable for the reception, care and treatment of women in labor.

..... } *Board of Health of*
..... }
..... } .....

* Three are required and physicians are preferred.

REGULATIONS FOR LYING-IN HOSPITALS.

1. Each licensee shall keep a record of the correct name and residence of every patient received.

2. Each licensee shall keep a record of every birth and death under his care, and shall make prompt returns of every such birth and death to the proper authorities as required by law.

3. Each licensee shall use due diligence to prevent any deception by a patient as to her identity, and shall not receive any person who refuses to give the required information, unless the case is one of emergency. If a patient does not give the necessary information before the fourth day after her delivery, a licensee shall forthwith notify the Department of Public Welfare.

4. Each licensee shall act in conformity with the Laws of the Commonwealth for the protection of infants. He shall not be concerned in, encourage or permit any unlawful disposition of an infant or any arrangement whereby an infant may be deprived of any of his legal rights or abandoned to become a public charge. This rule shall not be construed to prevent a licensee from giving gratuitous assistance to a patient in placing her infant in a licensed boarding-house for infants, but such licensee shall at once report every infant so placed to the Department of Public Welfare.

5. Each license shall bear a number which shall not be duplicated, except that each renewed license shall retain its original number.

6. Each licensee shall plainly mark with the number of his license every article of an infant's clothing. Upon the discharge of each infant from the hospital, a licensee shall mark his license number and the date of the discharge upon every article of the infant's outgoing clothing. For example: 908/1-12-12, 908 being the license number, 1-12-12 being the date of discharge.

7. Each licensee shall be responsible for the observance in his lying-in hospital of Revised Laws, chapter 75, sections 49 and 50 and amendments thereto, relative to certain diseases of the eyes of infants.

8. Each licensee shall be responsible for the use at every birth, for the prevention of ophthalmia neonatorum, of either the one per cent. solution of nitrate of silver furnished to physicians by the Massachusetts Department of Public Health or some similar preparation having the approval of the said Department.

9. Should one or both eyes of an infant at any time become inflamed, swollen and red, and show an unnatural discharge, a licensee shall, when the infant is discharged from the hospital, send notice in writing to the Massachusetts Department of Public Health within six hours after such discharge, stating whether the infant is discharged cured or uncured, and stating the city or town and street and number to which the infant is to be taken.

10. Each licensee shall frame his license and post it in a conspicuous place in the office of the hospital.

11. Each license shall be the property of the Department of Public Welfare and must be returned to the said department upon the expiration of the term for which it is granted or whenever it is demanded by the said department after it has been revoked by vote thereof. The value of each license is hereby placed at fifty dollars.

12. Any neglect or evasion of these rules or any collusion by the licensee with any of his patients for their subversion shall constitute sufficient cause for the revocation of his license.

TUBERCULOSIS HOSPITALS.

THE President of the Boston Tuberculosis Association has prepared and is sending to physicians the following list of hospitals which are available for the care of tuberculosis cases:

STATE HOSPITALS.

Rutland State San., Westfield State San., Lakeville State San., North Reading State San. Incipient and early cases taken. Children not admitted except in the Westfield State San. Charges: Four dollars, if able; if not able to pay, the city or town where patient has legal settlement assumes payment.

COUNTY HOSPITALS.

Bristol County Tuberculosis Hospital, Oak Hill Ave., Attleboro, Mass. All stages taken. Children over 2½ years admitted. Charges: $9.10, residents; $25, non-residents.

Barnstable County Infirmary, Pocasset, Mass. Children admitted. Charges: $20, non-residents; pregnant cases, before and after confinement, $13.

Essex Sanatorium, Middleton (Hathorne), Mass. Children admitted. Charges: $9.10, residents (if able to pay); private room, non-residents, $25.

Hampshire County San., Northampton (Haydenville), Mass. All stages taken. Children admitted. Charges: $10.50-$18.50 per week. The towns of Hampshire, Franklin, and those of Hampden County, except Springfield, Chicopee and Holyoke, are charged $10.50 per week. Private cases from same area, $15. All others, $18.50.

Norfolk County Hospital, South Braintree, Mass. Charges: $25, in advance, for non-residents; $9.10 for residents; $25, in advance, for private room.

Plymouth County Hospital, So. Hanson, Mass. Charges: $9.10, residents; $21.50, non-residents; $25 for private room.

CITY HOSPITALS.

Brookline Tuberculosis Hospital, Brookline, Mass. All stages taken. Temporary admission of children. Charges: Free to Brookline people; $10 to those not legally settled in Brookline. Private room, $20.

Cambridge Tuberculosis Hospital, Cambridge, Mass. All stages taken. Children admitted. Charges: $2.00 a day. Non-residents pay two weeks in advance.

Chicopee Tuberculosis Hospital, Chicopee, Mass. Charges: $10 a week.

Bay View Hospital, Fall River, Mass. All stages taken. Children admitted. Charges: $2.00 a day. Private room, $2.00 a day.

Fitchburg Tuberculosis Hospital, Burbank Hospital Grounds, Fitchburg, Mass. All stages taken. Children admitted. Charges: $15 a week.

Haverhill Tuberculosis Hospital, Haverhill, Mass. All stages taken. Children over 8 years admitted. Charges: $10.50.

Holyoke Tuberculosis Hospital, Holyoke, Mass. Charges: $12 a week.

Lawrence Tuberculosis Hospital, Lawrence, Mass. All stages taken. Children over 8 years admitted. Charges: $10.50, residents and non-residents.

Lowell Tuberculosis Hospital, Lowell, Mass. All stages taken. No children admitted. Charges: $15 a week.

Lynn Tuberculosis Hospital, Lynn, Mass. All stages taken. Children over 12 admitted. Charges: $2.00 a day; private room, $2.00 a day, residents and non-residents.

Boston Consumptives' Hospital, 249 River St., Mattapan, Mass. All stages taken. Children admitted if parents have Boston settlement. Charges: $12.25 (if able to pay) and upwards.

West Pittsfield Tuberculosis Hospital, Pittsfield, Mass. All stages taken. Children rarely admitted. Charges: $10 to $15, non-residents a trifle more. Private room for only $12.

Salem Tuberculosis Hospital, Salem, Mass. All stages taken. No children admitted. Charges: $15.

Somerville Tuberculosis Hospital, Somerville, Mass. Charges: $12.50.

Springfield Tuberculosis Hospital, Springfield, Mass. Advanced stages chiefly taken. No children admitted. Charges: $10; no non-residents admitted.

Belmont Hospital, Worcester, Mass. Advanced stages taken. Children admitted. Charges: $10 for residents; $12 for non-residents.

PRIVATE HOSPITALS.

Channing Home, 198 Pilgrim Road, Boston. Incurable and moderately advanced stages taken. Children over 4 admitted. Charges: $5 for adults; $4 for children up to 10 years. Private rooms for women only.

Holy Ghost Hospital, Cambridge, Mass. All stages taken. No children admitted. Charges: $12 a week and up; private rooms, $15, $18 and $20 a week.

New Bedford Tuberculosis San., Clifford (Sassaquin), Mass. Children admitted. Charges: $14 a week. No non-residents.

Carter Memorial, Clinton, Mass. Charges: Private rooms, $20-$30 a week.

Prendergast Camp, Mattapan, Mass. For men only. Charges: $9.

Anna Jacques Hospital, Newburyport, Mass. All stages taken. Children admitted. Charges: $12, residents only.

Coolidge Memorial Hospital, Pittsfield, Mass.

Incurables taken. Children admitted temporarily. Charges: $10 to $15; non-residents a trifle more. Private rooms for $8.

Sharon San., Sharon, Mass. Women only. Children of tuberculous tendency admitted. Charges: $20 for women; $15 for children.

BONE TUBERCULOSIS HOSPITALS.

Mass. Hosp. School for Crippled Children, Canton, Mass. Free.

Home for Incurables, 2049 Dorchester Ave., Boston, Mass. Girls. Free.

Industrial School for Crippled and Deformed Children, St. Botolph St., Boston, Mass. (Day School.)

Children's Mission, Boston, Mass. Places crippled children in excellent boarding places under medical supervision. Charges: $8 a week.

New England Peabody Home for Crippled Children, Jamaica Plain, Mass. If the child has parents they are asked to pay according to their means.

DISPENSARIES.

Boston Consumptives' Hosp., Out-Patient Department, 13 Dillaway St., Boston, Mass. Monday, Wednesday and Friday, adults 9-11 A.M.; Saturday, children (adults if unable to go other days), 9-11 A.M. Night Clinic, Monday, adults, 7-9 P.M.

Boston Dispensary, Ash and Bennet Sts., Boston, Mass. Lung Clinic, Thursday, Friday, and Saturday, 9-10.30 A.M.

Children's Hospital, Out-Patient Department, 300 Longwood Ave., Boston, Mass. Medical Clinic, Tb. Branch, Monday, 9-10 A.M.

Massachusetts General Hospital, Out-Patient Department, Fruit St., Boston, Mass. Clinic for treatment of non-pulmonary Tb., Wednesday, 8.30-10 A.M. Clinic for pulmonary diseases, Friday, 8.30-10 A.M.

Massachusetts Homeopathic Hospital, Out-Patient Department, 750 Harrison Ave., Boston, Mass. Chest Clinic, Tuesday and Friday, 8.30-11 A.M.

Peter Bent Brigham Hospital, Out-Patient Department, 781 Huntington Ave., Boston, Mass. Clinic for pulmonary diseases, Saturday, 10.30-12 A.M.

Free beds are provided for those who cannot pay at the Municipal and County Hospitals, and at the State Institutions.

The Boston Tuberculosis Association, 3 Joy Street, Boston, Mass., will be pleased to give further information regarding other hospitals, etc.

THE NORFOLK DISTRICT MEDICAL SOCIETY—A regular meeting of the Society was held at Masonic Temple, 171 Warren St., Roxbury, December 27, 8.15 P. M.

Communication: Prostatic Obstruction from the General Practitioner's Standpoint. John H. Cunningham, Jr., M. D.

Discussion: William C. Quinby, M. D.

Refreshments were served after the meeting.

FROM RUSSIA.

THE Kirghis Republic is in the grip of a typhoid siege as a result of the famine. Thousands are reported to have been attacked by the disease and such hospital facilities as are available are overtaxed.

Malignant malaria, typhoid, and dysentery are also reported from Tzaritsin, another section in the famine zone.

The heavy toll being taken by the famine is indicated in a report from workers of the American Relief Administration in and around Moscow, showing that in one city 25,250 deaths have been registered as against 22,477 births in a period of nine months. This ratio of more deaths than births is typical of conditions in most of the famine sections.

Wherever it is possible, the State is taking care of the sick. The following, for instance, are being fed under State direction at the present time: 225,000 sick people; 200,000 needy; 154,000 prisoners; 161,000 students.

The child-feeding program of the A. R. A. is having a noticeable effect. Already 1,200,000 youngsters are receiving meals in the hunger zone through the generosity of the American public. But the grown-ups must also be taken care of.

An urgent appeal has been sent out through the A. R. A. workers in this territory for additional help from America.

THE ALCOHOL QUESTION.

THE *Journal of the American Medical Association* has sent a questionnaire to physicians, asking for opinions as to the value of alcoholic liquors in medicine. These questions should be answered promptly, so that the consensus of opinion may be available in representing the attitude of practitioners. Although the great majority of the profession have made no scientific study of the therapeutic effect of alcohol, observation of its apparent effect may have influenced the conclusions arrived at. Empirical practice has been of value before scientific analysis has been brought to bear on a given problem in many instances. After all, the majority opinion has weight in a democracy, and each individual should contribute his influence in meeting this social problem.

SALVARSAN ADULTERATORS RECEIVE PRISON SENTENCES.

THE salvarsan adulterations in Germany and other countries, which caused so much difficulty in the drug markets during 1919 and 1920, were recently taken up by the Criminal Court of the County of Hamburg. After a

trial lasting fourteen days, in which many experts were examined, the manufacturer, Gerloff, and his superintendent, von der Heyde, were sentenced to three and one-half years in prison and to five years' disenfranchisement. Sixteen defendants received two-year prison sentences each, and sixty-two others who had conducted a flourishing business in adulterated salvarsan, were fined 20,000 marks. Six persons were acquitted.

Those convicted of adulteration had manufactured and sold a yellow powder from substances which were not only worthless, but dangerous to the health. It bore a striking resemblance to the genuine salvarsan and the labels and packing were so perfect an imitation of the genuine Hoechst product that it could easily be mistaken for the genuine, even by physicians. The convicted men made a large amount of money by handling these adulterated products, as they were selling this stuff at a time when raw materials were scarce and the entire world was crying for the genuine German product, and it was easy to find purchasers.

The judge, in his charge to the jury, condemned the unscrupulousness by which the defendants had endangered the lives of their fellow-men for the sake of greed, and he asserted that the good name of the German industry had been injured. He felt that another grievous factor in these adulterations was that the idea had gotten abroad that German manufacturers were attempting to sell poisonous medicines for ulterior purposes, and such charges had appeared in foreign newspapers. The severe punishment inflicted upon those convicted will, it is believed, put an end to further adulterations of salvarsan and will discourage possible repetitions.

Fortunately the American public and medical profession are protected against such occurrences as the above, for no "salvarsan" or other brands of arsphenamine (the official American non-proprietary name for the drug) may be sold in interstate commerce in the United States without a license from the Treasury Department, and until it has been tested by the United States Public Health Service. Physicians should be on their guard against using any brand of arsphenamine, or anything claimed to be similar to arsphenamine, which does not bear on the label the "U. S. License No." A list of the licensed preparations may be found in the "New and Non-Official Remedies" of the American Medical Association and the reports of the Council on Pharmacy and Chemistry.

Notices for meetings must be in the Editor's hands not later than Saturday morning to appear in the next Thursday Journal.

MEETING OF ASSISTANT PHYSICIANS, WORCESTER STATE HOSPITAL, DECEMBER 7, 1921.

INSPECTION—Male and Female Wards; 11 A.M., 11.30 A.M., 12 M., Drs. Stewart and Bousquet.

Luncheon served in Chapel at 1 P.M.

Business meeting for Physicians at 2 P.M., in Chapel.

Entertainment for the ladies, third floor suite, 2 P.M., followed by four-o'clock tea.

Literary papers after business meeting: The Origin and Scope of the Modern State Hospital, Clarence A. Bonner, M.D.; Involutional Melancholia, George A. Gaunt, M.D. At 3 P.M., Mrs. Scannell's Class. Miss Rose.

Calisthenics, Schoolroom and Occupational Activities, by patients, 3 P.M.

Members of the Staff: William A. Bryan, M.D., Superintendent; Clarence A. Bonner, M.D., Robert B. Harriman, M.D., Harrison M. Stewart, M.D., George A. Gaunt, M.D., Franklyn P. Bousquet, M.D., Assistants; Michael J. O'Meara, M.D., Summer Street Department; George F. Caldicott, M.D., Summer Street Department; Lloyd E. Boyd, D.M.D.

The Massachusetts Medical Society

REPORT OF THE JOINT COMMITTEE ON STATE AND NATIONAL LEGISLATION.

A MEETING of the Joint Committee, in conjunction with its auxiliary members, was held at the Boston Medical Library on December 9th. The discussion was confined to Measures for Maternity and Infant Welfare, and dealt chiefly with the application of the Sheppard-Towner bill, which is now a law, and which there is every reason to suppose will be accepted by the State.

Dr. Kelley, Commissioner of Public Health, and Dr. Champion, of the Department of Public Health, explained the measure and the possibilities of action under its provisions. If accepted, about $72,000 will be available for expenditure by the State Department of Health, "for the promotion of the welfare and hygiene of maternity and infancy," securing to the State the control of the administration of the Act within its borders. Of this sum, probably about $56,000 can be devoted to new work, because at the present time the State is expending $16,000 for the purposes named in the bill. When accepted, the first duty of the Department of Health will be to present a program to the Bureau in Washington for its approval. Dr. Kelley explained that as yet no fixed plans had been made, and asked for suggestions from the medical profession. He mentioned two basic schemes. The first was educational and investigating; the second was

more direct, house-to-house work in the form of aid to the various district nursing associations. He thought the sum available would be larger than necessary for the first purpose, but would be too small for carrying out the second plan on any large scale. He felt opposed to attempting too much. The bill, as finally passed, provides for local control and supervision, which is a great advantage.

Dr. Champion explained that at the present time a certain amount of work of every type proposed was being carried on and that amplification of the present work would be suggested. He outlined a tentative program.

Education of the public to the benefits of early and adequate prenatal care by the family doctor would be the first thing. Education of the public by prenatal and postnatal letters, such as are now being issued, would be a part of the plan. Educational literature for nurses was also included. Better birth registration should be secured. No individual case work is planned. A study of infant mortality, to determine its causes and the possibility of lowering the rate, is definitely desired. Furthermore, there must be investigations to check up the value of any measures which are put into effect. The stimulation of local interest in child hygiene by those particularly qualified to do this, was also suggested.

Dr. Champion asked those present to express opinions as to the value of undertaking intensive work within a limited district, partly urban and partly rural, the work being done by nurses who should aid, but in no way supplant, the local physicians.

After the statements of what could be done under the Sheppard-Towner bill, Dr. Mongan, for the Somerville Medical Society, and Dr. E. G. Denning, representing the South Boston Medical Society, introduced resolutions asking the Joint Committee on Legislation to oppose all other proposed bills while the Sheppard-Towner Act is in existence. (These resolutions, to which no opposition was voiced, will be referred to the Joint Committee.)

Dr. Mongan spoke of the great improvements made in the Sheppard-Towner bill since it had been first introduced. Local control was one of the great gains. He felt that the medical profession should now assist in every possible way in making the measure a success, and very wisely opposed any complicating or conflicting measures. It is probable that other bills, particularly the Spencer bill, may be advocated before the Legislature.

Some discussion followed as to the best methods of reaching the public by letters and in other ways.

Dr. Kelley asked for opinions regarding the possibility and wisdom of concentrating medical service in sparsely settled communities, so that advisory clinics, the equivalent of the out-patient clinics conducted in larger cities, could be established in rural centres. He called attention to the work of this sort now being done in Great Barrington and six neighboring towns by the nursing service there, in which they coöperate with and keep all the work in the hands of the local physicians.

Dr. Phippen, of Salem, approved of the need of education of the public first.

Dr. Mongan mentioned certain fallacies in the claims made regarding an apparently lowered mortality in parts of New York City, pointing out the changes incident to the influx of Southern Europeans into these districts, and the removal of the Germans and Irish from them.

Dr. Hopkins, of Lynn, urged that members of the auxiliary committee be informed regarding the details of bills they are asked to favor or oppose, pointing out vividly the futility of interviewing a legislator without knowledge of the subject.

Dr. Bigelow, of Framingham, suggested that there might be too great a tendency today toward operative interference in labor.

Dr. Mongan pointed out the manner in which the classification of diseases had disturbed the statistics of mortality.

The midwife situation was briefly discussed by Dr. Kelley, and Dr. Calderwood of Roxbury.

Dr. Mead, of Winchester, asked for information as to the returns of births in midwife cases, and reference was made to the probability of a midwife licensing bill being introduced during the next session of the Legislature.

NOTES FROM DISTRICT SOCIETIES.

Worcester District Medical Society.—Regular meeting was held Wednesday, December 14th, at 4.15 P.M., at St. Vincent Hospital. Program: (1) A series of short papers were presented by some of the staff members of St. Vincent Hospital. (2) Mr. George H. Crosbie, representing the U. S. Fidelity Guarantee Co., of Baltimore, gave a short talk, explaining the group method of insurance as recommended by the board of councilors.

A. W. Atwood, *Secretary.*
James J. Goodwyn, *President.*

Fitchburg Medical Society.—A meeting of the Fitchburg Medical Society was held at the Fay Club on Tuesday evening, December 6th, at which the following officers were chosen for the ensuing year: C. Bertram Gay, M.D., President; J. H. Kearney, M.D., Vice-President; E. W. Coates, M.D., Secretary-Treasurer. The report of A. H. Quessey, M.D., on his trip to Washington, D.C., in the interest of opposition to the Sheppard-Towner maternity legislation, proved to be instructive as well as interesting. A Vigilance Committee was also appointed, composed of E. P. Miller, M.D., A. H. Quessey,

M.D., and the officers to keep the Society informed of all matters legislative pertaining to the interests of the medical profession which might come up in our State House from time to time, and also to oppose all legislation concerning the above-mentioned maternity bills.

E. W. COATES, *Secretary.*

BERKSHIRE DISTRICT MEDICAL SOCIETY.—On the evening of December 1st, the Berkshire District Medical Society held a very interesting and well-attended meeting, at which Dr. George Draper, of New York, spoke on "Constitution in Medicine." He made a strong appeal for more observation and the cause of commonsense in classifying our patients by anthropological and ethnological standards. A very spirited discussion followed his remarks.

Dr. Fred A. Roberts is confined to the House of Mercy Hospital, following an operation for ruptured appendix.

A. P. MERRILL, *Secretary.*

Correspondence.

CHILD WELFARE PUBLICATIONS.

New Bedford, Mass., December 8, 1921.

Mr. Editor:

Some weeks since, the JOURNAL told of sales of booklets, or fliers, upon the streets of Boston. These booklets were represented by young women who offered them as published in the interests of Child Welfare Organizations. The appeal netted lucrative returns for the promoters.

New Bedford has been visited several times in the past year by these agents. On three occasions the police have run them out of town. Their publications are boiler-plate productions of stolen articles written by pediatricians and health officers, and they give meagre return for the dime or nickel.

The November number of the *Illinois Medical Journal* gives an illuminating write-up to this business.

Yours truly,

EDMOND F. CODY.

THE A. M. A. QUESTIONNAIRE ON ALCOHOL.

528 Beacon St., Boston, Dec. 8, 1921.

Mr. Editor:—

The Questionnaire of the *American Medical and Surgical Journal*, on alcohol as a therapeutic agent, seems to me misleading in so far as the word "necessity" is used. This word is defined by Webster as "something that one cannot do without." Now, there is almost nothing in this world that one cannot actually do without, and many physicians answering this questionnaire literally, will do so in a manner not reflecting their opinions as to the therapeutic value of alcohol. The word "necessity" is, of course, much more elastic than the above definition would imply, and this is shown by the second definition: "a privy; a water-closet." This second definition does not satisfy the first, as everyone knows of instances when the latter was *not* something that "one cannot do without." The necessaries of life depend upon the point of view, and I interpret the meaning of the word "necessity" in the questionnaire as, desirable, needful, requisite, essential. I trust that physicians thinking, as I do, that alcohol is a valuable therapeutic agent, will interpret the meaning of the word "necessity" in the questionnaire in this broader construction in their answers to that inquiry.

Very truly yours,

HAROLD WILLIAMS.

STATE MEDICINE.

Worcester, Mass.

Mr. Editor:

It seems to be commonly accepted that the cost of medical care needs must be high, and that "State Medicine," or some more delicately flavored imitation thereof, is the way out of the difficulty of supplying such care to those who, while otherwise self-supporting, are unable to pay for it.

I wish to submit for consideration the following remarks on the first proposition—that of necessarily high cost.

Of course, present-day cost of all things is higher than heretofore, so that one may not expect "pre-war" conditions to prevail, at least for some time to come. But, aside from this, are we not, under the guise of "scientific medicine," laying a very considerable and needless expense upon the patient? Often, one encounters a patient's record containing an array of results from many tests, some of which are of value; others, none at all. Neither is it rare to find that the results are interpreted in rather an uncertain manner. If analyses must be made, is not the patient entitled to such consideration as will lead to performing only such tests as will give knowledge of usefulness? The entirely obscure case, requiring all our resources, is uncommon (and can be made still more uncommon). And the routine application of all resources, in order that nothing be overlooked, results, usually, in all being slighted. Furthermore, it should be honestly confessed that the knowledge upon which interpretation of results is based, is not all complete, and the result, therefore, many times becomes rather one of interest to the attendant than one of utility to the patient.

There is more to be said about the application of various methods to the study of a given case. How necessary are many of these? Cannot the same information be obtained by simpler means? For example, we have, of late, been assailed with many "standard" methods of measuring the capacity for work of the heart muscle. These methods may be highly interesting, but a patient's statement that, "I have not been able, for the past four weeks, to climb a flight of stairs without pain in my chest and feeling short of breath, and I have noticed my ankles to be swollen the last day or two," conveys quite as vivid an impression of heart failure, as any statement of foot-pounds of work done or height of blood-pressure at very accurately timed intervals after the foot-pounds of energy have been expended. The cost of obtaining the information is considerably less, neither specialist nor apparatus being needed.

Again, if a chronic nephritic should say that he felt very much more like work on arising than for some time, the knowledge that improvement had occurred, at least temporarily, has been very easily gained, although the blood non-protein nitrogen figure is unknown.

In other words, let us rather extract all the information possible by simple means, than by too quick a resort to more complicated and expensive methods. An array of curves and figures in a patient's record may appeal as evidence of scientific, thorough-going work, but except the information advances the patient's welfare directly, it is unfair to lay the cost upon him. Is it not true, as Mackenzie holds, that usually, by observing the patient closely with unaided, or slightly aided, senses, and noting the results from parallel laboratory procedures, one becomes quite able to state what will be the probable outcome of a test, and, therefore, the test becomes more of a luxury than a necessity. There

is plenty of opportunity for such parallel study, so that, if as assiduous care to refute, as has been taken to prove, that a given branch offered almost insuperable difficulties, were undertaken, a fall in the cost of medical care would soon follow. The present and succeeding generations of students would surely not find the problem confronting them later. It may be desired to give patients "every advantage," so that one may hesitate to let the luxuries go. Many people thrive and appear happy without motor cars or phonographs.

It would seem, therefore, that one solution of the problem presented by "high cost of sickness" is partly educational and partly dependent upon a proper appreciation of relation of any given hospital to the community it serves. To thrust upon the attention of the practising profession the manner by which all needed information may be obtained by simple means, and to train students to do so; to consider earnestly whether a hospital is so placed as to act as a research centre, as an intermediary between a research centre and the profession about to transmit newer, well-founded thoughts, or simply to apply direct therapeutic aid, in any case; seeing clearly the distinction between cost of treatment justly to be borne by the patient, and cost to be paid from other sources. These are submitted as being a partial solution, at least, of our problem. If the State must be called upon, rather let it assist research.

OLIVER H. STANSFIELD, M.D.

THE SOCIETY FOR CINEMATOGRAPHIC INSTRUCTION IN MEDICINE AND SURGERY.

Mr. Editor:—

Following my letter of September 5th to you in regard to the organization of this Society, I beg to advise that this Society is now an incorporated body, and at a meeting held on November 19, 1921, the following officers were elected for the first term of office: James S. Edlin, M.D., President; Charlton Wallace, M.D., Vice-Presient; R. Ottolengui, M.D.S., D.D.S., L.L.D., Vice-President; Alfred Kahn, M.D., Secretary, and Maximilian Lewson, M.D., Treasurer.

The following representative members of the profession are Advisory Members of the Society: William C. Braisted, M.D., Samuel A. Brown, M.D., John Douglas, M.D., Charles Goodman, M.D., Otto Huffman, M.D., Walter J. Highman, M.D., Walter Dannreuther, M.D., Michael Osnato, M.D., Alfred Maschke, M.D., Cyril Barnert, M.D., Marshall C. Pease, M.D., William M. Leszynsky, M.D., Herman A. Haubold, M.D., Frederick J. Parmenter, M.D., Emil Mayer, M.D., Edward C. Kirk, D.D.S., J. Lowe Young, D.D.S., Franklin H. Martin, M.D., Fred H. Albee, M.D., William A. Downes, M.D., John McCoy, M.D., Herman O. Mosenthal, M.D., Thomas H. Cherry, M.D., Frederick D. Bullock, M.D., George L. Rohdenberg, M.D., William W. Herrick, M.D., B. S. Oppenheimer, M.D., Herman Sheffield, M.D., Simon R. Blatteis, M.D., Delancey Rochester, M.D., Richard Lewisohn, M.D., E. Libman, M.D., Frank T. Van Woert, D.D.S., M. I. Schamberg, D.D.S.

The above is an incomplete list but will serve to show that the work and affairs of the Society will be in the hands of able members of the profession, and we wish to impress upon the profession that this Society is devoted exclusively to the advancement of the science and art of medicine by means of cinematographic reproductions, and we would be glad to have you convey this to your readers to counteract any erroneous impressions which may arise in regard to our Society and its work and status.

Very truly yours,
ROBERT L. WINCKLEY,
Executive Secretary.

PHYSICIANS—ATTENTION!!!

December 10, 1921.

Mr. Editor:—

Has the enclosed Section supplementing the National Prohibition Act ever appeared in the JOURNAL? If not, ought it not to? It came to me a few days ago as a result of some correspondence with the State and National Commissioners on Prohibition. The question put up to them was to the effect as to the proper action of reputable, law-abiding physicians obtaining more alcoholic stimulants in emergencies than the law allows. This modification of the Act permits us to obtain all the stimulants our patients really need.

Very truly yours,
GEORGE W. GAY.

The attention of physicians holding permits to prescribe intoxicating liquor is called to the following section from the Act of Congress, supplemental to the National Prohibition Act, approved by the President, November 23, 1921.

"That only spirituous and vinous liquor may be prescribed for medicinal purposes, and all permits to prescribe and prescriptions for any other liquor shall be void. No physician shall prescribe, nor shall any person sell, furnish on any prescription, any vinous liquor that contains more than 24 per centum of alcohol by volume, nor shall anyone prescribe or sell or furnish on any prescription more than *one-fourth* of one gallon of vinous liquor, or any such vinous or spirituous liquor that contains *separately* or in the *aggregate* more than *one-half pint of alcohol*, for use by any person within any period of ten days. No physician shall be furnished with more than one hundred prescription blanks for use in any period of ninety days, nor shall any physician issue more than that number of prescriptions within any such period (unless on application therefor, he shall make it clearly apparent to the commissioner that for some extraordinary reason a larger amount is necessary, whereupon the necessary additional blanks may be furnished him). But this provision shall not be construed to limit the sale of any article the manufacture of which is authorized under Section 4, Title II, of the National Prohibition Act."

Amounts permitted to be prescribed:—

Not in excess of one quart vinous liquor.

Not in excess of one pint spirituous liquor one hundred proof.

Not in excess of one-half pint alcohol.

All prescriptions for spirituous and vinous liquors must be in conformity with the above Act.

ELMER C. POTTER.
Federal Prohibition Director,
State of Massachusetts.

CLINICAL LABORATORIES.

December 3, 1921.

Mr. Editor:—

In your publication of November 24th, 1921, page 637, I notice a reference to an editorial printed in the *Journal of the A. M. A.* of November 5th, 1921, relative to commercial clinical laboratories.

During the past two years I have conducted a clinical laboratory in Boston which I was obliged to close because of the nature of the analyses done during a prolonged illness. During my maintenance of "The Physician's Laboratory," I engaged the services of assistants, but have never succeeded in obtaining one who did not eventually develop a habit of carelessness.

My object in writing to you is to call your attention to the fact that few individuals appreciate the value of accuracy in reporting work of this nature,

and, consequently, pass a sample of urine by if it fails to give a glucose or albumin reaction.

Physicians, as a rule, are interested only in the two abnormal urinary constituents mentioned, paying absolutely no attention to the absolute quantity of chlorides, phosphates, urea, uric acid, albumin or sugar, when present.

Dr. Woodward is right in his contention that only laboratory technicians, who have been properly trained, should be permitted to maintain laboratories for the proper analysis of such matter as physicians or patients send to them.

Careless work, or, what is just as bad, the well-known "sink test," has no place in medicine.

A. STANTON HUDSON, M.D.

GROUP INSURANCE.

Mr. Editor:

I wish to inform you that the United States Fidelity & Guaranty Company of Baltimore, insuring members of the Massachusetts Medical Society under the group indemnity policy, have authorized us to engage Endicott P. Saltonstall as attorney in trying suits brought against members insured under the group.

The services of Mr. Saltonstall, I understand, was the cause of some discussion at the Council Meeting on November 9.

Will you kindly publish a notice in the next issue of the JOURNAL as I know many of the members have postponed their decision until the matter of Mr. Saltonstall's appointment has been settled.

It has been brought to my notice that a competing company has made the statement that an adverse decision might be rendered by the court in case of suit with the evidence before them, that a doctor testifying in behalf of the doctor being sued was also a member of the Society and insured under the same group. The situation now is no different than in years past and such evidence is not admissible.

Very truly yours,

GEORGE H. CROSBIE.

NOTICES.

NATIONAL BOARD OF MEDICAL EXAMINERS.

Editor, BOSTON MEDICAL AND SURGICAL JOURNAL:—

The first examination of the National Board, under the new plan, in Parts I and II, will be held as follows:

Part I—February 15, 16 and 17 (1922), inclusive.

Part II—February 20 and 21 (1922), inclusive.

Applications for examination should be received no later than January 15, 1922. Application blanks and Circulars of Information may be had by writing to the Secretary, Dr. J. S. Rodman, 1310 Medical Arts Building, Philadelphia, Pa.

Very truly yours,

J. S. RODMAN, *Secretary*.

NOTICE OF EXAMINATION FOR ENTRANCE INTO THE REGULAR CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE.

Examinations of candidates for entrance into the Regular Corps of the U. S. Public Health Service will be held January 9, 1922, at Washington, D. C., and San Francisco, Calif.

Candidates must be between 22 and 32 years of age, and graduates of a reputable medical school. They must pass, satisfactorily, oral, written and clinical tests before a board of medical officers.

Successful candidates will be recommended for appointment by the President, with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon-General, U. S. Public Health Service, Washington, D. C.

MEDICAL MEETING.

PHYSIOTHERAPY CLINICS FOR PHYSICIANS.—A two-days demonstration of physical therapeutics, open to physicians generally, will be held under the auspices of the U. S. Public Health Service. The American Electrotherapeutic Association and the New York Electrotherapeutic Society are arranging a joint mid-winter clinical session to be held on December 29th and 30th, at the U. S. Public Health Service Hospital No. 61, at Fox Hills, Staten Island, N. Y. There will be explanation and demonstration of all physical modalities, and of the results obtained. The opening meeting, with papers on "Physiotherapy in General," by Chris M. Sampson, of Staten Island, and Frank B. Granger, of Boston, will be held at the New York Academy of Medicine on Wednesday evening, December 28th, at 8.30 P.M. All medical men are invited to attend, and programs and admission cards may be obtained from Dr. Richard Kovacs, 223 East 68th Street, New York City, without expense.

CLINICAL MEETING—There will be a Clinical Meeting in the Auditorium of the Beth Israel Hospital on Friday evening, December 30, 1921, at 8.15 P. M. Program: The Metabolic Rate and its Significance. Dr. Walter M. Boothby, of Rochester, Minn. Discussion: Dr. James H. Means, Dr. Cyrus C. Sturgis, Dr. Richard Ohler, Dr. Louis J. Ullian, Dr. Harry Linenthal.

Physicians are cordially invited. The telephone is Roxbury 5940 and visitors may be on call.

Refreshments will be served.

Committee on Clinical Meetings

ALBERT EHRENFRIED, M. D., Chairman.

E. GRANVILLE CRABTREE, M. D, Secretary.

MASSACHUSETTS GENERAL HOSPITAL—The second monthly meeting of the Out-Patient Staff of the Massachusetts General Hospital will be held in the Lower Out-Patient Amphitheatre at 12, noon, Dec. 28, 1921.

Program:—

1. Retrobulbar Neuritis and Diseases of the Accessory Sinuses. 5 min. Dr. Porter.
2. The use of X-ray for shrinking the Tonsils. X-ray of the Pituitary Gland for Deafness. 5 min. Dr. Macmillan.
3. Malignant Disease of the Accessory Sinuses, 10 min. Dr. Greene.
4. The treatment of Adhesion of the Soft Palate to the Posterior Pharyngeal Wall. 5 min. Dr. Wright.
5. Tracheotomy with delayed insertion of the tube. Webs of the upper end of the Esophagus. Cardio-Spasm. 10 min. Dr. Mosher.
6. The Correction of Deformities of the Nose. 10 min. Dr. Garland.
7. The Correction of Deformities of the Septum. 10 min. Dr. Barnes.

Physicians and Medical Students cordially invited.

Very truly yours,

F. A. WASHBURN.

Resident Physician.

RECENT DEATH.

DR. LEANDER MORTON, a fellow of the Massachusetts Medical Society, died at his home in Manchester, N. H., of heart disease, December 10, 1921, at the age of forty-nine.

He was a graduate of Harvard Medical School in the class of 1894 and served as house officer at the Carney Hospital. He is survived by his widow and two children.